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(945)248-0060

Credit Card Authorization Form

By filling out and signing the credit card authorization below, you authorize Vita Nova Reproduction Center, PLLC to charge to your credit card the costs and fees incurred, as outlined in the Fee Schedule as attached to your signed contract. Credit card information is **REQUIRED** to be on file prior to or at the time your material arrives to VNRC.

I agree to pay all fees by credit card to Vita Nova Reproduction Center (incurs a 3.1% processing fee), to be billed at the time services are rendered or completed.

*Please note: If payment IN FULL is not received within 90 days of billing due to issues with your card, we will suspend services without additional notice, and any resulting vitrified embryos remaining in storage will be discarded. Embryos will NOT be shipped for fresh transfer until payment processing has been completed.

By signing below, you accept these terms and authorize Vita Nova Reproduction Center to charge your card in smaller increments if deemed necessary, in order to recover any owed balance.

Credit Card Authorization: BancCard Merchant Card Services accepts all card types. A valid zip code and daytime phone number are required. Please check or circle the card type you wish to use.

MasterCard Visa Discover American Express

Cardholder's Name: _____

Cardholder's Signature: _____ Date: _____

Cardholder Zip Code: _____ Cardholder Daytime Phone: _____

Credit Card #: _____ Exp. Date: _____

CVV: _____

For Office Use Only

Amount(s) Charged (To be recorded at time of invoicing): \$ _____ Date Charged: _____

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Cash Receipt/Invoice Number: _____