

Egg Donors & Surrogacy Charge Form

Indian Egg Donors and Surrogacy4all
Division of DGA, Inc.
CREDIT CARD ACCEPTANCE

Please charge my VISA MasterCard American Express

Card Number: _____ Security Code: _____
(found above your name)

Authorized Signature: _____ Exp. Date _____
(required)

Print name: _____ Address: _____

City: _____ State: _____ ZIP: _____

This credit card is to be kept on file and used for only approved charges. Supplements, deductibles and any noncovered charges by the insurance company may be charged to this card once I am notified of the amount. Sales are subject to attached Terms and Conditions. All payments are non-cancellable and non-refundable, as per signed contract or terms and conditions of signed agreement.

Please note that the charges will appear as Patients Medical PC or DGA, Inc.

<u>DATE OF CHARGES</u>	<u>FOR</u>	<u>AMOUNT</u>
<u>1</u> _____	_____	_____
<u>2</u> _____	_____	_____
<u>3</u> _____	_____	_____
<u>4</u> _____	_____	_____
<u>5</u> _____	_____	_____
<u>6</u> _____	_____	_____