



Oregon State
University

OSU Seed Lab Credit Card Payment Information

Date:

Invoice number(s):

Payment amount:

Type of card: VISA MC

Cardholder's name:

Cardholder's billing address:

Cardholder's telephone number:

Fax or email to send receipt:

Additional remarks:

<u>OSU Use Only</u>
Input into DBseed: _____

Cut and shred after processing

Card number:

Card expiration date:

CVV2/CVC2/CID number (security code):

Instructions:

*After filling out and signing the form, **fax (541-737-2126)** or mail it to the address below. **DO NOT EMAIL**, as it is not secure.*

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