

Pet 'N Play

Credit Card Authorization

The following credit card authorization will be used as follows (initial all that apply):

____ **To be taken to primary veterinarian.** In case emergency treatment is required and client is unavailable.

Primary veterinarian: _____

Address: _____

Phone: _____ Fax: _____

Maximum charge authorized for veterinary services: \$ _____

____ **To be used by Pet 'N Play for automatic payment of invoices.** Credit card will be charged on invoice date, and an acknowledgement will be sent to client for all paid invoices by (choose one): ____ email or ____ mail.

Email address: _____

I authorize you to charge my credit card for the reason(s) outlined above:

Client Name (as it appears on the card): _____

Billing Address: _____ Zip Code: _____

Phone: _____

Card Type: ____ Visa ____ MC ____ Discover

Card number: _____ - _____ - _____ - _____

Expiration Date: _____ Security code (3-digit number on back): _____

Signed: _____ Date: _____