



## **Credit Card Authorization Form**

CLIENT NAME: \_\_\_\_\_ PATIENT NAME: \_\_\_\_\_

( ) American Express ( ) Care Credit ( ) Discover ( ) MasterCard ( ) Visa

Cardholder name (as it appears on card): \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Credit Card Billing Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Email Address: \_\_\_\_\_

By signing below I understand and agree to the terms set forth in this agreement, I agree to pay, and specifically authorize Long Island City Veterinary Center to charge my credit card for all services provided. Long Island City Veterinary Center is further authorized to charge this account for any future services.

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