

Credit Card Authorization Form

Street: 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	CLIENT NAME:	PATIENT NAME:
Credit Card Number: Security Code: Credit Card Billing Address: Street: 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	() American Express () Care Credit	() Discover () MasterCard () Visa
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	Cardholder name (as it appears on card)	·
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