

CREDIT CARD AUTHORIZATION FORM

INSTRUCTIONS

1. Fill out all the information on the Patient Registration Form, including signature and date where indicated.
2. Complete all details on the Credit Card Authorization Form below, including signature and date where indicated.
3. Please provide a copy of the front and back of the credit card.
4. Please provide a copy of the cardholder's driver's license.
5. Sign the estimate form. Be advised that we will charge your credit card for the higher end of the estimate.
6. For those not coming into the facility:
 - A. Be sure to send a copy of...
 - i. the completed Patient Registration Form
 - ii. the completed Credit Card Authorization Form (below)
 - iii. the front and back of the credit card
 - iv. a copy of the cardholder's driver's license
 - v. a signed copy of the estimate
 - B. Once we have all the paper work, we will call you again for authorization. This call will be recorded.
 - C. The credit card slip will be emailed or faxed to you. You must print it out, sign it, and send it back to us.

AUTHORIZATION FORM

Credit Card Type: VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Name on Card: _____

Card Number: _____ Expiration Date: _____ CVV Code: _____

I authorize Animal Emergency & Specialty Center to charge my credit card for the amount of \$ _____

Signature: _____ Date: _____

Printed Name: _____