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.

There is a 3% processing fee for CARE CREDIT transactions

_____ _____

Signature Date