



## Credit Card Authorization Form

I, \_\_\_\_\_, hereby authorize Pilchuck Veterinary Hospital to charge my credit card **monthly** for the full balance due.

VISA             Master Card             Discover             AmEx

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

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ VID Code: (on back) \_\_\_\_

### **Credit Card Billing Address:**

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ - \_\_\_\_\_ Country: (if not USA) \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

*As the credit card holder, I hereby authorize receipt of goods and services provided by Pilchuck Veterinary Hospital.*

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Cardholder's Signature

Date