

Credit Card Phone Authorization/Credit Card on File



Client Number: _____ Date of Service: _____

Pet's Name: _____ Client Name: _____

Type of Card: _____

Card Number: _____

Expiration Date: _____ V-Code: _____

Cardholder's Name as it appears on card (please print): _____

Relationship to Client: _____

Cardholder's Address: _____

City/State/Zip: _____

Home Phone: _____ Secondary Phone: _____

Cardholder's Signature (if available)

Client's Signature

FOR OFFICE USE ONLY

Date Processed: _____

Amount: _____

Authorization Number: _____

Processed By: _____