

Credit Card Authorization Form

Valley Central Veterinary Referral and Emergency Center

210 Fullerton Avenue

Whitehall, PA 18052

Phone: 610.435.1553

Fax: 610.435.6378

www.vcvrec.com

For your convenience, you may pay your account with your credit card. Please complete the information below to authorize the use of the card you have given for the purposes indicated.

Client Name: _____

Patient Name: _____

I hereby authorize Valley Central Veterinary Referral and Emergency Center to charge my credit card for the amount indicated below. (Check here if phone order___)

\$_____ Amount of charge (including shipping)

Indicate the purpose of payment:

Present Services

Recurring charge for ongoing treatment

Prescription refill

Other

Method of Payment:

Mastercard Visa Amex Discover CareCredit

Acct # _____ Exp Date: _____ Security Code: _____

Cardholder Name (If different than owner): _____

Cardholder Signature _____

Date: _____

Method of Shipment: (If shipping. Please circle choice)

Priority Mail (2-3 days) FedEx (Next Day)

Fee: \$6.50 Fee: \$25.00

If client has a shipping account, we can ship using their account w/o additional charge:

Name of Shipping Company: _____ Acct #: _____