



# Veterinary Eye Clinic

Our Vision Is Caring For Your Pet's Vision

246 Lombard Street, Suite D  
Thousand Oaks, CA 91360  
Phone: (805) 371-0682  
Fax: (805) 371-0690  
Email: [info.to@veclinic.com](mailto:info.to@veclinic.com)  
[www.veclinic.com](http://www.veclinic.com)

## Credit Card Authorization Form

Instructions: If you wish to pay us by credit card or care credit, please complete this form and return to us, together with a copy of your driver's license.

CARD TYPE:  VISA  MasterCard  American Express  Discover

Credit or Debit Card Holder's Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Client's Email Address: \_\_\_\_\_

NAME OF ISSUING BANK/CREDIT CARD NAME: \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_

SECURITY CODE: \_\_\_\_\_ EXPIRATION DATE: MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

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**By signing below, the above named cardholder hereby authorizes Veterinary Eye Clinic Inc. to verify the cardholders identity and charge \$ \_\_\_\_\_ to the credit card identified above as payment towards the treatment and procedure performed to \_\_\_\_\_.**

CARDHOLDER'S AUTHORIZATION SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



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## Care Credit Authorization Form

Instructions: If you wish to pay us by CareCredit, please complete this form and return to us, together with a copy of your driver's license.

CareCredit Card Holder's Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Client's Email Address: \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_

*(Use only if CareCredit Card has a Mastercard Logo)*

SECURITY CODE: \_\_\_\_\_ EXPIRATION DATE: MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

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**By signing below, the above named cardholder hereby authorizes Veterinary Eye Clinic Inc. to verify the cardholders identity and charge \$ \_\_\_\_\_ to the CareCredit identified above as payment towards the treatment and procedure performed to \_\_\_\_\_.**

CARDHOLDER'S AUTHORIZATION SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_