



Veterinary Eye Clinic

Our Vision Is Caring For Your Pet's Vision

Credit Card Authorization Form

Instructions: If you wish to pay us by credit card, 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: _____ Client's Email Address: _____

NAME OF ISSUING BANK/CREDIT CARD NAME: _____

CREDIT CARD NUMBER: _____

SECURITY CODE: _____ EXPIRATION DATE (MONTH/YEAR): _____

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

CARDHOLDER'S AUTHORIZATION SIGNATURE: _____ DATE: _____

Management Use:

Alhambra

Calabasas

Rancho Cucamonga