

Cedar Veterinary Hospital
1602 N. Cedar Ave
Fresno, CA 93703
559-251-7141

Credit Card Authorization Form

This form has been created in order to allow you to have payments charged to your credit card. Please provide all the information requested below to ensure prompt processing. We ask you to please sign and date the form before services are rendered.

Cardholder Information

Name as it appears on the credit card: _____

Card type: Visa MC Amex Discover

Account type: Individual (personal credit card)

Corporate | Company Name: _____

Account number: _____

Exp. date: _____ Security Code (last 3 digits on back of card): _____

Address:
(where statement is mailed) _____

City, State and Zip: _____

Phone number: _____ Email address: _____

Approved Charges

This card will only be used for the amount indicated. If you are wanting to use for future use as well, please indicate specifically.

- Balance Due on Services Previously Rendered _____
- Other Payment In the Amount Of _____

I certify that all information is complete and accurate. I hereby authorize **Cedar Veterinary Hospital** to collect payment for all charges as indicated in the Approved Charges section of this form by processing a charge to the credit card listed above. I certify that I am the authorized signer of the credit card listed above.

Cardholder name: (Printed) _____

Cardholder signature: _____ Date: _____

Additional Notes: _____

