



Credit Card Authorization Form

Date: _____

I _____, am giving Animal House Veterinary Center permission to run my credit card/ Care Credit card for services rendered in their hospital when I am not present. I am authorizing _____, to be able to sign the credit card/ Care Credit card slip in my absence. This letter will be valid until I put in writing to Animal House a change in this authorization. I also agree to pay for this purchase in accordance with the issuing credit card processing company.

Card type(circle one): VISA MASTERCARD AMEX DISCOVER CARECREDIT OTHER:

Credit Card/Care Credit number: _____

Name on Card: _____

Expiration Date: _____

CVV Security Code: _____

Billing Address: _____

Printed Name: _____

Signature: _____ Date: _____

Witness: _____

ATTATCH PHOTO COPY OF DRIVERS LICENSE

Animal House Veterinary Center
91-919 Ft. Weaver Rd #114
Ewa Beach, HI 96706
(808) 689-1797