

Animal Medical Center of Southern California Credit Card Authorization Form

Name on the account: _____

Name of pet(s): _____

Credit Card type:

- MasterCard
- Visa
- Discover
- American Express

Credit Card Number: _____

Expiration Date: _____

CVV#: _____

(This is the 3 or 4 digit numbers on the back of the card, usually found at the end of the regular credit card account number; on American Express cards, it is printed on the front of the card)

Street number to which account is billed: _____

Zip code to which account is billed: _____

I authorize the Animal Medical Center of Southern California to utilize my credit card to pay for the charges currently accrued at the facility.

I also understand that if my pet(s) will be boarding at the facility, I am authorizing the Animal Medical Center to automatically charge the costs to my credit card if my pet(s)'s stay exceeds the pick up date, which I have indicated on my boarding form.

Signature _____ Date _____

****Please include a photocopy of the front and back of the credit card and also a copy of your driver's license when faxing back to the Animal Medical Center. Payment cannot be processed without this information****