



Credit Card Authorization Form
 PLEASE COMPLETE THIS AUTHORIZATION AND RETURN TO US
 All information will remain confidential.

I authorize Clover Valley Veterinary Services to charge the agreed amount listed below to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please print name, sign, and date:

Print Name:
Signature:
Date:
Amount to charge (one-time charge): \$
Amount to charge (recurring charge): \$
Keep this card on account for payment of future services provided (Initial):
Last four digits of card: _____
Billing Address:
City, ST, Zip:
Credit card type: Visa Mastercard Discover American Express
Credit card number:
Expiration Date:
Card identification number (3-digit code on back of card):