



## Credit Card Authorization Form

Name on Card: \_\_\_\_\_

Type of Card:    Visa     MC     AmEx     Discover

Other: \_\_\_\_\_

Card Number : \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Item Purchased: \_\_\_\_\_

Monthly Charge: \_\_\_\_\_

***By signing this form, I authorize Doylestown Animal Medical Clinic to charge my card for the amount listed above once monthly.***

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

[www.doylestownanimalmedicalclinic.com](http://www.doylestownanimalmedicalclinic.com)