

Dear Sir/Madam,

This form has been created in order to allow you to have your pets veterinary charges charged to you credit card. Please provide all of the information requested below to ensure prompt processing of your application.

We ask you to please sign and date the form before submission. Please either fax the completed form along with a photo copy (**front and back**) of the card to be charged along with a copy (**front and back**) of your driver's license to [817-263-2901](tel:817-263-2901) or send a photo from your phone via email to fortworthAEH@gmail.com.

Cardholder Information

Name as it appears on the credit card:

Card Type: Visa MC AMEX Discover

Account Number: _____

Expiration Date: _____ Security Code (3 or 4 digit): _____

Billing Address: _____

City, State and Zip Code: _____

Phone Number: _____

Fax or Alternate number: _____

Approved amount to charge card: _____

I certify that all of the above information is complete and accurate. I hereby authorize Fort Worth Animal Emergency Hospital to collect payment for all charges as indicated in the Amount approved to charge card section of this form by processing to the credit card listed above. I certify I am the authorized signer of the credit card listed above.

Cardholder Name (Printed): _____

Cardholder signature: _____ Date: _____