

**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](mailto:fortworthAEH@gmail.com).

**Cardholder Information**

Name as it appears on the credit card:

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\_\_\_\_\_

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: \_\_\_\_\_