



CREDIT CARD AUTHORIZATION

Dear Client,

For your convenience, you may pay your account balance with your credit card.
Please complete the information below.

Client Name _____ Pet Name _____

I, _____, authorize Two Hands Four Paws to charge my credit
PRINT NAME

card account for any balances due.

____ MasterCard ____ Visa ____ American Express ____ Care Credit

Card # _____ - _____ - _____ - _____

*CID # (from back of the card) _____

Expiration Date ____ / ____ Zip Code _____

I understand that this form is valid unless I cancel the authorization with written notice.

SIGNATURE

DATE