

CREDIT CARD AUTHORIZATION FORM

(Please fill out and return form if you wish to pay by CREDIT CARD)

Client Name: _____

Client Address: _____ City: _____ ST: _____ Zip: _____

I _____, authorize Broad Run Veterinary Service, Inc. to use the following credit card for payment of services rendered by Broad Run Veterinary Service, Inc. The services not only include the veterinary care given to my animal/animals (routine or emergency) but also medication that may be dispensed at the time of the visit or dropped thereafter. Broad Run Veterinary Service, Inc. has my authorization to use the following card for the above purpose/s until the following card expires or is replaced.

Credit Card Type: _____ Visa _____ Master Card

Cardholder Name: _____

Cardholder Street address: _____

Cardholder City, State, Zip Code: _____

Account Number: _____ Expiration Date: ____/____/____

Cardholder Signature: _____ Date: ____/____/____

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