



DALLAS VETERINARY CLINIC
raised locally  *trained globally*

Credit Card Authorization

Full Name As it Appears on Card: _____

Card Type: _____ Full Card Number: _____

Expiration Date: _____ Security Code: _____

Billing Address: _____

Apt: _____ City/Zip: _____

Phone number of Cardholder: _____

Full names of all persons you authorize to incur charges at DVC using this card number, and each persons' relationship to you. _____

Driver License Number & State (for cardholder) _____

Signature: _____ **Date:** _____

**please have a valid driver license or identification card matching the name and address you entered above, ready when you arrive with your pet(s).*

If this card is cancelled, expired or otherwise compromised such that charges cannot be made to the account, I will notify DVC immediately and provide alternate payment prior to incurring any charges for goods or services (services including professional consultations and no-show fees, etc).

Authorization to pay for services at DVC as they are incurred, until notice is submitted in writing to terminate this agreement.