



**Credit Card Authorizaton**

**Accepted Credit Cards: Visa®, MasterCard®, Discover®, American Express®, or Care Credit®**

**Credit Card Information**

**PRIMARY CARD (required):**

Name as it appears on the card: \_\_\_\_\_

Card #: \_\_\_\_\_

Exp Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Type of Card: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

**SECONDARY CARD (optional):**

Name as it appears on the card: \_\_\_\_\_

Card#: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Type of Card: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

**Contact Information (all fields required)**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**By providing the above information you are authorizing PEH to charge medications, treatments, laboratory services, and all other necessary veterinary services, to your credit card at the following times:**

(Please check all that apply)

One time \_\_\_\_\_ \*Daily \_\_\_\_\_ \*Weekly: \_\_\_\_\_ \*Monthly (autopay stmt): \_\_\_\_\_

\*Monthly (authorization required per stmt): \_\_\_\_\_

Special Instructions: \_\_\_\_\_

**Dates charges may occur:** \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Year M D Year

\_\_\_\_\_  
Card Holder Signature

\_\_\_\_\_  
Date

**\*Please note that if you are making daily, weekly, or monthly payments, your credit card will be added to our secure system and there will be a one-time \$1.00 hold placed on your account and then your account is refunded within 7-10 business days.**