

Downey Veterinary Hospital
11220 Brookshire Ave.
Downey, CA 90241
Ph: (562) 923-0763 Email: info@downeyvet.net

Credit Card Authorization Form

Sign and complete this form to authorize Downey Veterinary Hospital to make a debit to your credit card listed below. By signing this form you give us permission to debit your account for the amount due for services rendered.

Please complete the information below:

Name _____

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Visa MasterCard AMEX Discover Care Credit

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

OK to keep on file: YES _____ NO _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services rendered. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.