

WESTWOOD VETERINARY CLINIC
3960 SW 109 AVE
MIAMI, FL. 33165
westwoodvetclinic@gmail.com

Credit/Debit Card Payment Authorization Form

By signing this form you give us permission to debit your debit/credit card for the amount indicated on or after the indicated date. This authorization form will remain on file for future services upon prior notification only. This form is for internal use only.

Account Number: _____

Customer Name: _____

Card Type: Visa Master Card American Express Discover

Card Number: _____ - _____ - _____ - _____ **Expiration Date:** ____/____

CVV2 Number _____ (REQUIRED)

Name on Card: _____

Billing Address for Card:

Street Address: _____

City, State, Zip: _____

Phone Number: (____) _____ - _____

Pet's name: _____ **Breed:** _____ **Sex:** _____ **Age:** _____

Color: _____ **Procedure:** _____ **Amount:** _____

SIGNATURE _____

DATE _____

By signing this form I authorize **Westwood Veterinary Clinic** to charge the card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit/debit card and that I will not dispute the payment with my credit/debit card company; as long as the transaction corresponds to the terms indicated in this form.