

Pacific Animal Clinic, Inc
11343 Santa Monica Blvd.
Los Angeles, CA 90025
Tel. [310-473-4030](tel:310-473-4030)
Fax [424-273-1350](tel:424-273-1350)

CREDIT CARD AUTHORIZATION

I, the undersigned, do authorize Pacific Animal Clinic, Inc to charge my credit card for services.

On this date(s) _____

For ongoing treatments or services.

Cardholder's Name _____

Telephone Number _____ FAX _____

Circle one:

Visa

MC

AMEX

DISC CareCredit

CC# _____ CVV# _____

Expiration Date _____ Phone Number _____

(Required) # Address on CC Bill _____ Zip Code _____

(For example, if the bill for the card is sent to 2695 E. Foothill Blvd., you would put 2695)

I have read and understand the charges as outlined above and authorize the use of the credit card listed.

Signature _____ Today's Date _____

Client Account _____

Pet's Name

Date _____ Charged by _____