

Edmonton West Animal Hospital and Spay/Neuter Centre

9962 170 ST NW
Edmonton, AB T5T 5L5
(780) 488 0124

Credit Card Payment Phone Authorization Form

Sign and complete this form to authorize Edmonton West Animal Hospital and Spay/Neuter Centre to make a one-time debit/credit to your credit card listed below.

By signing this form you give us permission to credit your account for the amount indicated. This is permission for a single transaction only, and does not provide authorization for any additional unrelated credits to your account.

Please complete all areas below, all fields are mandatory. Any incomplete fields, the form will NOT be accepted.

I _____ authorize to charge my credit card account indicated below for _____
(fullname) (amount)

on or after _____ This payment is for _____
(date) (description of goods/services- Name of Pet)

Billing Address _____ City, Province _____

Postal Code _____ Phone# _____ Email _____

SIGNATURE of Credit Card Holder _____ **DATE** _____

I authorize Edmonton West Animal Hospital and Spay/Neuter Centre to charge the credit 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 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.

Account Type: Visa MasterCard AMEX

Cardholder Name

Card Number

Expiration Date

CVD (three-digit number is printed on the signature panel on the back of the card)

Please Email (to petinfo@vetinedmonton.com) or Fax (# 780 4880 125), this duly filled Form along with

- 1) Copy of Driver license/ government-issued ID (with name and signature) of Credit Card holder (both sides)**
- 2) Copy of Authorized Credit Card(s) (both sides)**