



Credit Card Authorization Form

PLEASE PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US

All information will remain confidential.

Cardholder Name: _____

Billing Address: _____

City, ST, Zip: _____

Credit card type: _____ Visa _____ MC _____ Discover _____ AmEX

Credit card number: _____ EXP date: _____

Card identification number (3 digit code on back of card): _____

Amount to charge (one-time charge): \$ _____

Amount to charge (recurring charge): \$ _____

Keep this card on account for payment of future services provided: _____

I authorize NVA Clover Valley Vet to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please print name, sign, and date:

Print Name: _____

Signature: _____

Date: _____

Please return completed form to:

**NVA Clover Valley Vet
3805 SE Donato Lane
Port Orchard, WA 98367**