

One (1) Time Credit Card Payment Authorization

Sign and complete this form to authorize Woodland Veterinary Center to make a one-time charge to your credit card listed below.

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

I _____ authorize Woodland Veterinary Center to charge my credit
(Cardholder's Full Name)

card account indicated below for \$73.41 on _____.
(Date)

This payment is to reserve an appointment slot for a Non-fundable first visit examination

Billing Information

Billing Address _____ Phone # _____

City _____ State _____ Zip _____

Email _____ Driver's License Number _____

Card Details

Visa MasterCard Discover American Express

Cardholder Name _____ Account/CC Number _____

Expiration Date ____ / ____ CVV _____ Zip Code _____

I authorize the Woodland Veterinary Center 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 (1) 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.

SIGNATURE _____ DATE _____