

Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN IT VIA E-MAIL, MAIL, OR
IN-PERSON

Woodforest Veterinary Medical Center
14920 F.M. 2854
Montgomery, TX 77316
(936) 273-1410
info.evaconroe@gmail.com

All information will remain confidential.

Cardholder Name: _____
Billing Address: _____
Email: _____ Phone: _____
Driver's License Number: _____
Last 4 Digits of Credit Card: _____ Expiration Date: _____
Card ID Number (last 3 digits located on back of the credit card): _____

IMPORTANT:

I authorize WOODFOREST VETERINARY MEDICAL CENTER to keep my credit card on file and allow charges to be made in the following manner (<i>check one</i>):
<input type="checkbox"/> Run credit card at time of service and email receipt
<input type="checkbox"/> Call before running card to approve charge
Cardholder Name (printed): _____
Signature: _____
Date: _____