

Atlantic Animal Clinic

Credit Card Charge Authorization

I, _____ hereby authorize Atlantic Animal Clinic to debit my credit card account in the amount shown below to be utilized for Veterinary fees. I am the cardholder and/or authorized signatory for this transaction.

- Name as it appears on card _____
- Account number _____
- Expiration date _____
- Security Code _____
- Cards Billing Address _____
- Amount authorized _____

I certify that the amount being charged is reasonable and I agree not to dispute the charges with Atlantic Animal Clinic.

Signature of Cardholder

Date