

# Credit Card Authorization Form

Garden State Veterinary Specialists  
One Pine Street  
Tinton Falls, NJ 07753  
732-922-0011  
Fax 732-922-7720

For your convenience, you may pay your account with your credit card. Please complete the information below to authorize the use of the card you have given for the purposes (s) indicated.

Client Name: \_\_\_\_\_ Patient Name: \_\_\_\_\_

I hereby authorize Garden State Veterinary Specialists to charge my credit card for the amount indicated below. (check here if phone order )

\$\_\_\_\_\_ Amount of charge (including shipping)

Indicate the purpose of payment:

- Present services
- Recurring charge for ongoing treatments
- Prescription refill
- Vaccine refill
- Other

Method of Payment:

Mastercard  Visa  Amex  Discover  CareCredit

Acct#: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Security code: \_\_\_\_\_

Cardholder name (if different than owner): \_\_\_\_\_

Cardholder signature: \_\_\_\_\_

Date: \_\_\_\_\_

Method of Shipment: (If sipping required. Please circle choice)

Priority Mail (2-3 days)	Express Mail (next day)	FedEx (next day)
Fee: \$6.50	Fee: \$25.00	Fee: \$20.

If client has a shipping account, we can ship using their account w/o additional charge:

Name of shipping company: \_\_\_\_\_ Acct # \_\_\_\_\_