Edmonton West Animal Hospital and Spay/Neuter Centre

10214 142 Street NW, Edmonton, AB (780)488 0124

Credit Card Payment Phone Authorization Form

Sign and complete this form to authorize Edmonton West Animal Hospital and Spay/Neuter Centre to make a one-time debit/credit to your credit card listed below.

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

I		authorize to charge my credit card account indicated be	elow for
(fullnan	ne)		(amount)
on or after(date	This payme	ent is for(description of goods/services- Name of Pet)	
`	,	, I	
Billing Address		City, Province	
Postal Code	Pho	ne#Email	
SIGNATURE of Credit Card Holder			
SIGNATURE of C	Credit Card Holder	DATE	
I authorize Edmor form according to amount indicated	nton West Animal Ho the terms outlined ab above only, and is val	DATE	licated in this authorization escribed above, for the ser of this credit card and
I authorize Edmor form according to amount indicated that I will not disp	nton West Animal Ho the terms outlined ab above only, and is val	spital and Spay/Neuter Centre to charge the credit card ind ove. This payment authorization is for the goods/services do d for one time use only. I certify that I am an authorized us my credit card company; so long as the transaction corresp	licated in this authorization escribed above, for the ser of this credit card and
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Please Email (to petinfo@vetinedmonton.com) or Fax (#780 4880 125), this duly filled Form along with

- 1) Copy of Driver license/ government-issued ID (with name and signature) of Credit Card holder (both sides)
- 2) Copy of Authorized Credit Card(s) (both sides)