



# Credit Card Authorization Form

**INSTRUCTIONS:** IF YOU WISH TO PAY US BY CREDIT CARD, PLEASE COMPLETE THIS FORM AND RETURN IT TO US, TOGETHER WITH A PHOTOCOPY OF THE FRONT AND BACK SIDES OF THE CREDIT CARD AND CARDHOLDER'S DRIVERS LICENSE.

## CARDHOLDER INFORMATION

Card Holder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

## CREDIT CARD INFORMATION

CREDIT CARD TYPE:  VISA  MasterCard  American Express  Discover

CREDIT CARD NUMBER: \_\_\_\_\_

SECURITY CODE: \_\_\_\_\_

EXPIRATION DATE: MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

NAME OF ISSUING BANK: \_\_\_\_\_

## AUTHORIZATION

BY SIGNING BELOW, THE ABOVE NAMED CARDHOLDER HEREBY AUTHORIZES Robert Swinger, DVM, PA. D/B/A Animal Eye Guys TO VERIFY THE CARDHOLDERS IDENTITY AND CHARGE \$ \_\_\_\_\_ TO THE CREDIT CARD IDENTIFIED ABOVE, AS PAYMENT TOWARDS THE TREATMENT OR PROCEDURE PERFORMED TO \_\_\_\_\_.

CARDHOLDERS AUTHORIZATION: \_\_\_\_\_

DATE: \_\_\_\_\_

## SELECT LOCATION OF PETS TREATMENT

**Ft. Lauderdale**  
2667 E. Commercial Blvd.  
Ste. A  
Ft. Lauderdale, FL 33308

P: 954-990-7743  
F: 954-368-3010

**Hollywood**  
230 S. 28<sup>th</sup> Avenue  
Hollywood, FL  
33020

P: 954-826-8871  
F: 954-544-2648

**South Miami**  
8356 SW 40<sup>th</sup> Ste. J  
Miami, FL  
33155

P: 305-318-0422  
F: 786-219-3222

**Coral Springs**  
2160 N. University Dr.  
Coral Springs, FL  
33071

P: 954-990-7743  
F: 954-368-3010