

GLENDALE ANIMAL HOSPITAL
Glendale Animal Hospital
7615 N 75th Ave. Ste 110.
Glendale, AZ 85303

CREDIT CARD AUTHORIZATION FORM

Today's Date _____ -

Name as appears on your card _____

Address (complete billing address of card) _____

Phone Number(s) _____

I, the above-identified cardholder, do hereby authorize James W. Day D.V.M., P.C., dba

Glendale Animal Hospital, to charge the below noted card the amount of \$ _____

Or upto a maximum of \$ _____

For services and/or products provided by your business. I certify that I am the legal and authorized holder of the below noted card. I understand that this transaction is being conducted with my understanding that there are **no refunds** or chargebacks for any reason, and I consent to such.

Type of card(circle one) VISA MASTERCARD AMEX DISCOVER

Card Number _____

Expiration Date _____

Security Code on Card _____

Name on the card _____

Signature: _____

Please fax form to us at 623-934-7245