



Whiskey River Large Animal
69 Three Wolf Road, Franklin, NC 28734
828-524-1957 // whiskeyriver.vet

Exceptional Care. *For Life.*

Credit Card Authorization Form

I, (Name) _____, authorize Whiskey River Large Animal Mobile Veterinary Services to charge my credit card account. I understand that it is Whiskey River's policy that payment is due in full at the time services are rendered and invoiced, and that the credit card provided will be processed for the full amount if a check or cash payment is not provided at that time.

Circle which applies:

VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Credit Card Number:	EXP Date:	CCV:
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CCV Code Defined: Verification number that helps identify your specific credit card.

CCV Location: Visa & Mastercard - 3 digit # on back of credit card; American Express - 4 digit # on front of credit card.

Billing Address

Card Holder Name:		
Street Address:		
City:	State:	Zip:

Customer Information

Cell Phone:	Email:
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I hereby authorize Whiskey River Large Animal to charge the indicated credit card. I agree that we can periodically charge this account for services rendered, amount owed or at owner's request for pre-payment. To terminate the billing process on this credit card, notice must be in writing along with a new form of payment to clear all debts owed in full. I will not Whiskey River Large Animal's recurring billing with my credit card issuer as long as the amount in question was for services rendered. I guarantee that all invoices will be paid in full once services given. I guarantee and warrant that I am the legal cardholder for the card and that I am legally authorized to enter into this recurring billing agreement with Whiskey River.

As the Credit Card Holder, I hereby authorize all charges to my credit card.

Card Holder's Signature: _____ **Date:** _____

As the Representative of the Credit Card Holder, I am hereby authorized by the card holder to sign and authorize all charges to this credit card that I have provided.

Representative's Name: _____ Signature: _____

Relation to Card Holder: _____ Date: _____

Staff Member Verified Representative Authority: _____ Staff Initial: _____