



PATIENT LABEL

CREDIT CARD AUTHORIZATION FORM

***Please fill out this form completely, and fax back to **(801) 485-2320** (or scan and email to avc@avcslc.net), along with a legible copy of both front and back of the credit card and your driver's license, or we will not be able to process your payment. ***

Type of Credit Card	Visa, MasterCard, Discover, American Express, Care Credit
Name on Credit Card	
Credit Card Number	
Expiration Date	
3 digit security code	
Billing Street Address	
Billing City, State, Zip	
Driver's License Number	
State & Expiration	
Client Name (if different from cc holder)	
Relation to Client	

I, the undersigned, authorize all charges incurred from AVC for the above referenced account be applied to the credit card listed above. This authorization form is valid for a single transaction, solely for the amount stated below.

Signature of the card holder: _____ Date: _____

Amount to be billed to the credit card: \$ _____

AVC Employee: _____

Advanced Veterinary Care, Inc.
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