



Last Name: \_\_\_\_\_

# Little Apple Veterinary Hospital

## Authorization to Charge Credit Card

As a signer on the card listed below, I authorize the **Little Apple Veterinary Hospital (LAVH)** of Manhattan, KS to charge this card for (please check all that apply):

Any authorized services provided to my pet(s) at the LAVH. Initials: \_\_\_\_\_

Other (please specify): \_\_\_\_\_ . Initials: \_\_\_\_\_

Maximum allowed charge on this card not to exceed (initial one):

\$500 \_\_\_\_\_  \$1,000 \_\_\_\_\_  \$2,000 \_\_\_\_\_  Other Amount: \$ \_\_\_\_\_

❖ If this credit card supports a direct bill account, I also authorize the **Little Apple Veterinary Hospital** of Manhattan, KS to charge this card the full direct bill amount remaining after 30 days.

If you're providing us with a debit card, our credit card authorization system captures these funds automatically – taking the money out of the bank account. The credit will be posted to your LAVH account immediately, but if you eventually pay by another method, your bank may take up to 10 days to reverse this original charge and credit your bank account. By signing below, you are authorizing this procedure.

Name on Credit Card: \_\_\_\_\_

Card Type:  Care Credit  Visa  MasterCard  Discover

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_

Security Code: \_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ Box/Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Signature of cardholder: X** \_\_\_\_\_

*Please include a copy of the front and back of your signed card with this form, or have one of our staff members make copies.*

Staff Initials: \_\_\_\_\_