

ELIZABETH KLEBE DVM LLC

CREDIT CARD AUTHORIZATION

I, the undersigned OWNER, have entered into a Veterinary Services Contract with Elizabeth Klebe DVM LLC dated _____, 20__ for veterinary services.

I hereby authorize Elizabeth Klebe DVM LLC to immediately charge the balance of any invoices that have not been paid in full within 30 days of receipt to the authorized credit card below.

OPTIONAL: By initialing here _____, I further authorize Elizabeth Klebe DVM LLC to automatically charge my credit card on a monthly basis, provided that each month my credit card is charged, Elizabeth Klebe DVM LLC sends a statement and invoice of charges for my records.

CREDIT CARD INFORMATION (CIRCLE ONE): American Express Visa Master Card Discover

CREDIT CARD NUMBER: _____ **EXP DATE:** _____

NAME ON CARD: _____ **SECURITY CODE:** _____

SIGNATURE: _____ **DATE:** _____

OWNER'S SIGNATURE (IF NOT CARDHOLDER): _____

PRINT OWNER SIGNATURE: _____