



5055 Alhambra Ave. Martinez, CA 94553
PH: (925) 228-7100 Fax: (925) 228-8554

Authorization for Credit Card Use

Please complete this Authorization and return to our office
All information provided will be kept confidential

Customer name: _____

Name on Card: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ Amex

Credit Card Number: _____

Expiration date: _____ CVV (Code on back of card): _____

Amount to charge up to (Dollar amount): _____

I authorize Martinez Animal Hospital to charge the amount listed above to the card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder- Please sign and date

Signature: _____

Printed name: _____ Date: _____

Return the completed and signed form to: Reception desk

admin@mtzanimal.com
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