

Credit Card Authorization Form

Garden State Veterinary Specialists
One Pine Street
Tinton Falls, NJ 07753
732-922-0011
Fax 732-922-7720

For your convenience, you may pay your account with your credit card. Please complete the information below to authorize the use of the card you have given for the purposes (s) indicated.

Client Name: _____ Patient Name: _____

I hereby authorize Garden State Veterinary Specialists to charge my credit card for the amount indicated below. (check here if phone order)

\$ _____ Amount of charge (including shipping)

Indicate the purpose of payment:

- Present services
- Recurring charge for ongoing treatments
- Prescription refill
- Vaccine refill
- Other

Method of Payment:

Mastercard Visa Amex Discover CareCredit

Acct#: _____ Exp Date: _____ Security code: _____

Cardholder name (if different than owner): _____

Cardholder signature: _____

Date: _____

Method of Shipment: (If shipping required. Please circle choice)

Priority Mail (2-3 days)	Express Mail (next day)	FedEx (next day)
Fee: \$6.50	Fee: \$25.00	Fee: \$20.

If client has a shipping account, we can ship using their account w/o additional charge:

Name of shipping company: _____ Acct # _____