



Credit Card Authorization Form

Please complete all form fields. You may cancel this authorization at any time by contacting us. This authorization shall remain in effect until canceled.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> AMEX
Cardholder Name (as shown on card):	_____
Card Number:	_____
Expiration Date (mm/yy):	_____ CVV: _____
Cardholder Billing address:	_____
Cardholder ZIP Code:	_____
Cardholder Phone Number:	_____
Cardholder Email address:	_____

I, _____, authorize Anoka Equine Veterinary Services to charge my credit card above for agreed upon purchases.

I authorize my information to be saved for future transactions on my account. Balances due will be billed to my credit card at the time of invoicing. A receipt will be sent via email upon completion of billing.

Cardholder Signature

Date

For Office Use Only:

Account Number: _____

Form Received:

Date: _____ Initials: _____