

Two Rivers Animal Hospital
457 River Road
Fair Haven, NJ 07704
www.tworiversanimalhospital.com

CREDIT CARD AUTHORIZATION FORM

CARD TYPE:

VISA () MASTER CARD () DISCOVER () CARE CREDIT ()

~~*WE DO NOT ACCEPT AMERICAN EXPRESS*~~

CREDIT CARD NUMBER: _____

EXPIRATION MONTH/YEAR _____ CID# _____

NAME EXACTLY AS IT APPEARS ON CARD: _____

I understand that signing this credit card authorization gives Two Rivers Animal Hospital the permission to charge any unpaid balances to the above credit card. The charges and balances accrued at Two Rivers Animal Hospital are my responsibility. I have reviewed this document and it has been completely accurately to the best of my knowledge.

Authorized Signature: _____ Date: _____