



ALDIE  
VETERINARY  
HOSPITAL

**Credit Card Charge Authorization**

I authorize Aldie Veterinary Hospital LLC to keep my signature on file and charge the following credit or debit card account for professional services provided. This payment agreement will be in effect until a professional relationship is terminated or are ended by request of the client either verbally or in writing.

Clients Name: \_\_\_\_\_ Acct Number : \_\_\_\_\_

Patients: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Billing Address for card : \_\_\_\_\_

\_\_\_\_\_

Card information

Type : VISA/MASTERCARD/AMERICAN EXPRESS/DISCOVER

Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CIV: \_\_\_\_\_

Signature of cardholder: \_\_\_\_\_ Date: \_\_\_\_\_