



Credit Card Authorization Letter

Date: _____

I, _____ as owner and/or agent, do hereby authorize Las Vegas Veterinary Emergency & Critical Care to post payment to my credit card, (circle one) Visa, MasterCard, American Express, Discover, Care Credit for services rendered by our facility with account number _____ expiration _____, 3 digit # on back _____ and the name as it appears on the credit card _____, for veterinary services rendered for patient, _____, in the amount of _____.

The plan for Care Credit is SIX (6) months of no interest.

I understand that the above amount will be posted to the aforementioned credit card upon receipt of this authorization. Any additional charges/ amounts must be approved by me and only me prior to the posting of said charges.

In addition to this written authorization letter, a legible copy of my credit card both front and back and my state driver's license must be enclosed and *transmitted via facsimile with this authorization to 702-262-7099.*

Date: _____

Credit Card Bearer Signature: _____

Address and Zip Code Credit Card bills are sent to:

Phone Number: _____

VECC Staff Initials: _____ Date: _____