

**ANIMAL HEALTH DIAGNOSTIC CENTER'S
CREDIT CARD PAYMENT AUTHORIZATION SLIP**

Account # _____ Amount to be charged \$ _____

Clinic/Vet's Name _____
(As it appears on your invoice)

Cardholder's Name _____
(Please print as the name appears on the credit card)

We accept the following credit cards::

AMEX, Discover, MasterCard & Visa

Credit Card # _____ Expires _____

Security Code (on back of card) _____

Cardholder's Signature _____ phone request per _____

Today's Date _____

Attach this slip to the submission form