

Credit Card Authorization Form

Please print and complete the following form. After completion fax (619-590-0083) or email info@lavavet.com or mail it to our office at LAVA, 725 Jamacha Rd., El Cajon, CA 92019. Thank you!

Today's date: _____

I, _____, (your name)

give permission for Large Animal Veterinary Associates to keep my credit card information on my client file. I authorize Large Animal Veterinary

Associates to _____ run my credit card as invoices come in or

_____ run my credit card at the end of the month before assessing monthly service fees or

_____ keep my credit card information on file and call me before using card to pay for any outstanding balance.

(Please check only one above.)

Please provide the following information:

Card # _____ Exp. _____

Your signature: _____

All personal information is kept on our secure, password protected software and all credit card information is encrypted.

Please contact our office if you have any questions or concerns. Thank you!

619-590-1991

760-789-6845

info@lavavet.com