

Nugent Veterinary Services Credit Card Authorization Form
Email this form back to nugentvets@yahoo.ca

THIS CREDIT CARD IS A: ☐ VISA ☐ MASTERCARD ☐ AMEX

CREDIT CARD NUMBER _____

EXPIRATION DATE _____

CARD SECURITY CODE (CV2) _____

CUSTOMER'S NAME (as it appears on the credit card) _____

BILLING ADDRESS (must be the exact billing address as it appears on the Credit Card Statement):

Address

City

Province/State

Postal Code/Zip

I authorize NUGENT VETERINARY SERVICES to charge my credit card upon completed invoices for payment of services. If NUGENT VETERINARY SERVICES is unable to process my payment; I will be responsible for an alternate payment arrangement within the invoice payment terms. This authorization is in effect until I notify NUGENT VETERINARY SERVICES otherwise in writing.

By signing this authorization, I acknowledge that I have read and agree to all of the above information and warrant all information provided is true and correct. THIS AGREEMENT REMAINS IN EFFECT UNTIL CANCELED BY THE APPLICANT WITH WRITTEN NOTICE. The applicant, by providing NUGENT VETERINARY SERVICES a written notice, may cancel this agreement at least 14 days in advance of the cancelation date.

NOTE: an email will be sent to renew credit card information (i.e. credit card expires or new credit card) if needed. The same form is to be filled out, signed and sent back via email.

Applicant's Signature

Date