WESTSIDE HOSPITAL FOR CATS
2317 COTNER AVENUE
LA, CA 90064 – 310.479.2428 P – 310.479.4208 F

CREDIT CARD AUTHORIZATION FORM

PLEASE INITIAL ALL RELEVANT AREAS

I, _____ authorize a credit card transaction for services performed by the WESTSIDE HOSPITAL FOR CATS on patient(s) _____, on the day of _____. I, _____ have also reviewed and received a copy of the estimate for the aforementioned services and fully understand my obligation for such transaction.

CARD TYPE_____

CARD #_____

EXP DATE_____

VISA MC AMEX DISCOVER

_____

Signature **Date**

_____

WHC authorized representative **Date**

PLEASE SIGN, DATE AND FAX BACK: 310.479.4208