



Credit Card Authorization Form

Dr. Grewal and/or staff creates all invoices during your animal's exam. If you prefer, we will be happy to charge your Credit Card. Please provide the information below, payment is required at the time service is rendered. We can mail or email you a copy of your receipt.

Name as it appears on card:

Circle One: Visa MasterCard Discover CareCredit

EXP Date:

CC#

SEC#

Billing Address with Zip Code

I understand and agree that any past due balances (over 30 days from date of service) on my account will automatically be billed to my credit card. I also understand and agree that this authorization to pay any past due balances with my credit card remains in effect- until cancelled by me with 30 days written notice. CLAVS charges 12% per annum (1% per month) on all balances over 30 days old.

Signature: _____ Date: _____