



AAECP Credit Card Authorization

Animal AM-Emergency Clinic of Pasadena
2121 E. Foothill Blvd. Pasadena, CA 91107
626-578-1725 . 626-564-0704 . fax 626-564-0305

I, _____, authorize AAECP, to charge the following
(Print First and Last Name)

credit card for services rendered to the pet named _____.

Pet owned by _____ Account # _____
(Print First and Last Name)

I authorize charges up to: any amount or \$_____.

Please Print Clearly:

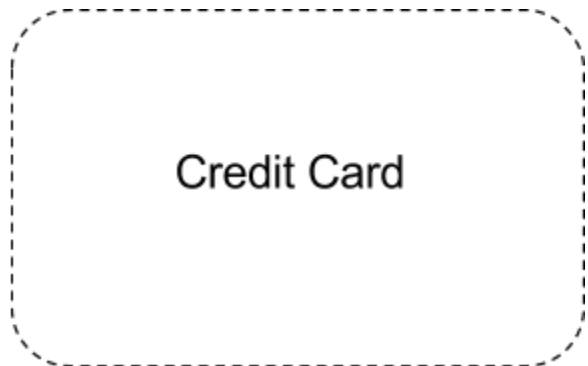
Name (as it appears on card): _____

Credit Card Account Number: _____

Expiration Date: _____ CVV: _____

Billing Street Address Numbers: _____ Billing Zip Code: _____

Place driver's license and credit card below when copying, scanning or taking a picture of this form. Name on driver's license must match name on credit card.



Signature: _____ Date: _____

AAECP STAFF

Verified by: _____

Date: _____

Form Pub 01-25-16