Animal Activity Center, Inc.

39319 Garfield Clinton Twp. MI 48038
(586) 416-8800

Payment Authorization Agreement

Credit Card Information:

Type of Card (Please Circle): VISA MASTERCARD

Name (as it appears on card):
_____

Card Number: _____ Expiration Date:
_____/_____

Billing Address (if different from primary address):
_____

Driver's License Number: _____ Exp. Date:
____/_____ **State:** _____

Payment Authorization:

___ **I hereby authorize the Animal Activity Center, Inc. to charge any balance for any services on my account that are thirty days "Past Due". All payments are due when services are rendered.**

___ **In case of routine medical problems I hereby authorize the Animal Activity Center, Inc. to use my credit card number at my designated veterinarian's office for all subsequent charges incurred.**

___ **In case of a medical emergency I hereby authorize the Animal Activity Center, Inc. to use my credit card number at an emergency veterinary facility for all subsequent charges incurred.**

By signing below, I acknowledge that I have read this Payment Authorization Agreement in its entirety and agree to the terms. My signature will also act as authorization for Animal Activity Center, Inc. to charge the above listed credit card for services rendered as directed by above listed policies.

Client Signature: _____ Client (s) Name Printed:
_____

Witness Signature: _____ Date:
_____