

ANIMAL EMERGENCY CENTER of Las Vegas

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E-Mail [AECpetER@Yahoo.Com](mailto:AECpetER@Yahoo.Com)

<http://www.lvaec.net>

I, \_\_\_\_\_ authorize *Animal Emergency Center of LV* to charge my credit card, listed below, for products and/or services.

***\*\* You must provide a photocopy of the credit card front and back. This must be accompanied by a copy of the card holders Drivers License or services may not be rendered. We apologize for any inconvenience this may present; this is a policy to ensure the cardholder and merchants protection\*\****

Name of Pet: \_\_\_\_\_ Owned by: \_\_\_\_\_

Total amount: \_\_\_\_\_

Date of Service: \_\_\_\_\_

- Visa
- Master Card
- American Express
- Discover
- Care Credit
- PayPal (please provide e-mail address) \_\_\_\_\_

Credit Card Number:

Name as shown on Card:

CV2 Security Code:  Expiration Date:

Billing address for card:

Today's Date

Signature of card holder

**Please Initial**

\_\_\_\_\_ **Yes**, I authorize additional charges to be applied to my credit card.

\_\_\_\_\_ **No**, I do not authorize any additional charges to be applied.