



Dr. Xavier Garcia

3006 South Dixie Highway, West Palm Beach, FL 33405 Ph: (561) 832-7922 Fax: (561) 832-1119

CREDIT CARD AUTHORIZATION FORM

One time use
 Permanent File

First Name: _____

Last Name: _____

Phone Number: _____

Amex / Visa / Master Card / Discover / Care Credit

Card Number: _____ Expiration: _____

Security Code (3 or 4 Numbers): _____

Credit Card Billing Address: _____

City, State, Zip Code: _____

Card Holder's Signature: _____

Please check one option if you would like a receipt to be sent after card is billed:

Send by Mail Send by Fax Do not send receipt

Fax Number or Address: _____

By submitting this form, and as the credit card holder, I hereby authorize El Cid Animal Clinic to keep my credit card information on file for the time marked above. Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. El Cid Animal Clinic will keep all information entered on this form strictly confidential. When services are rendered the credit card listed above will be charged at the end of the business day. If you wish to remove your credit card from our system, written notice will be needed by authorized card holder as soon as possible.

Once completed, form can be sent to El Cid Animal Clinic via mail, fax or can be dropped off in person.