



Dr. Xavier Garcia

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**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.*