

If you would like to establish a credit card payment plan that automatically pays your bill at the end of each month, please use the "Monthly Auto-Payment Plan" form. For all other credit card payments, use the form below.

**Animal Health Diagnostic Center (AHDC)  
CREDIT CARD PAYMENT AUTHORIZATION SLIP**

Account # \_\_\_\_\_ Amount to be charged \$ \_\_\_\_\_

Clinic/Vet's Name \_\_\_\_\_  
(As it appears on your invoice)

Cardholder's Name \_\_\_\_\_  
(Please print as the name appears on the credit card)

We accept the following Credit Cards:  
AMEX, Discover Card, MasterCard, and Visa

Credit Card # \_\_\_\_\_ Expires \_\_\_\_\_

Security Code (on back of card) \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

Today's Date \_\_\_\_\_

Deliver form to the Attention of: AHDC Billing & Collections Manager