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# CREDIT CARD AUTHORIZATION FORM

## INSTRUCTIONS

1. Fill out all the information on the Patient Registration Form, including signature and date where indicated.
2. Complete all details on the Credit Card Authorization Form below, including signature and date where indicated.
3. Please provide a copy of the front and bck of the credit card.
4. Please provide a copy of the cardholder's driver's license.
5. Sign the estimate form. Be advised that we will charge your credit card for the higher end of the estimate.
6. For those not coming into the facility:
  - a. Be sure to send a copy of:
    - i. completed Patient Registration Form
    - ii. completed Credit Card Authorization Form (below )
    - iii. the front and back of the credit card
    - iv. a copy of the cardholder's driver's license
    - v. a signed copy of the estimate
  - b. Once we have all the paper work, we will call you again for authorization. This call will be recorded.
  - c. The credit card slip will be emailed or faxed to you. You must print it out, sign it, and send it back to us.

## AUTHORIZATION FORM

Credit Card Type:  Visa  MasterCard  American Express  Discover

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

I am authorizing the above business to charge my credit card for the amount of \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Please fill out this form completely before emailing or faxing back to our office.

**EMAIL:** info@animalERspecialty.com  
**FAX:** 865.690.6109