

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

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

Clinic/Owner/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

Today's Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

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

Please check here if you would like your card kept on file for future one-time payments

Please check here if you would like us to use your card on file for this one-time payment

Please check here if you would like your card kept on file for monthly Autopay

Internal use only: \_\_\_/\_\_\_