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### Credit Card Payment Authorization Form

Sign and complete this form to authorize Tribeca Pet Services debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on invoices.

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#### Please complete the information below:

I \_\_\_\_\_ authorize Tribeca Pet Services to charge my credit card account.

Billing Address \_\_\_\_\_  
\_\_\_\_\_

Phone#

City, State, Zip \_\_\_\_\_

Email

Account Type:  Visa  MasterCard  AMEX

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

\_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services provided. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.