



## VETERINARIAN CREDIT CARD AUTHORIZATION

Please complete the following information to utilize credit card billing for Vet-Stem services. All payments are due upon sample delivery and must be paid by credit card or by check.

Authorized Vet-Stem Veterinarian Name \_\_\_\_\_

### Veterinarian Credit Card Only-No Animal Owner Cards

Credit Card Type:  Visa  MasterCard  American Express

Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Visa and MC only: V-Code: \_\_\_\_\_  
(last 3 digits of number on back of the card)

\_\_\_\_\_  
Name as it appears on card

\_\_\_\_\_  
Credit card billing address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Telephone:

\_\_\_\_\_  
Cell Phone:

\_\_\_\_\_  
Email address for invoices

I authorize Vet-Stem to use this credit card for payment of services incurred. I understand that it is my responsibility to notify Vet-Stem of any changes to this account and that this information will be kept on file for payment of future charges incurred by my practice.

\_\_\_\_\_  
Authorization Signature

\_\_\_\_\_  
Date