



**VETERINARY STAFFING SOLUTIONS
CREDIT CARD AUTHORIZATION FORM**

First Name: _____

Last Name: _____

Type of Card: Master Card Visa AMEX Discover

Credit Card Number: _____

Expiration Date: _____

Card Security Code (3 or 4 numbers): _____

Statement Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Email: _____

Cardholders signature: _____

3.5% Service Charge applies to each transaction.