

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

Client name \_\_\_\_\_

Name of Credit Card Holder (as it appears on the card) \_\_\_\_\_

Telephone number of Credit Card Holder \_\_\_\_\_

Address of Credit Card Holder \_\_\_\_\_

\_\_\_\_\_

Credit Card Type:      MASTERCARD                  VISA                  DISCOVER                  AMERICAN EXPRESS

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CCV: \_\_\_\_\_

I authorize COMPLETE ANIMAL EYECARE CENTER, INC. to charge my credit card the specific charges \$ \_\_\_\_\_. I have included a legible photocopy of the FRONT and BACK of my credit card and my DRIVER'S LICENSE to confirm the authorization and to verify the credit card number and signature. This Authorization is for COMPLETE ANIMAL EYECARE CENTER, INC. only and will not be released to any unauthorized persons. I also understand that this authorization is for the above date only.

**PLEASE NOTE...**  
COMPLETE ANIMAL EYECARE CENTER REQUIRES THIS DEPOSIT TO EITHER RESERVE AN APPOINTMENT DATE FOR THE INITIAL EXAMINATION OR FOR A SURGERY APPOINTMENT. INITIAL EXAMINATION APPOINTMENT DEPOSITS ARE TAKEN ONLY WHEN CLIENTS NEED TO RESCHEDULE WITHOUT 24 HOURS NOTICE. COMPLETE ANIMAL EYECARE CENTER WILL HOLD THIS DEPOSIT WHICH WILL BE CREDITED TO THE CLIENT ON THE DAY OF THEIR APPOINTMENT. THIS IS A NON-REFUNDABLE DEPOSIT OR PAYMENT. IF THE CLIENT DOES NOT MAKE THE APPOINTMENT THEN THE DEPOSIT WILL BE LOST.  
A LEGIBLE PHOTOCOPY OF THE FRONT AND BACK OF THE CREDIT CARD AND A CORRESPONDING DRIVER'S LICENSE ARE NEEDED AS A PROTECTION AGAINST FRAUD FOR THE OWNER AND COMPLETE ANIMAL EYECARE CENTER. AUTHORIZATIONS WITHOUT THIS INFORMATION WILL NOT BE ACCEPTED UNDER ANY CIRCUMSTANCES.

Card Holder signature \_\_\_\_\_

Date \_\_\_\_\_

Please complete this authorization letter, copy of credit card and driver's license and fax it to: (818) 986-4395