



www.thepoochpatio.com

SIGNATURE ON FILE & CREDIT CARD BILLING AUTHORIZATION

NAME: _____

BILLING ADDRESS: _____

TELEPHONE: _____

CREDIT CARD NUMBER: _____ EXP DATE: _____

CREDIT CARD TYPE: **MASTERCARD VISA DISCOVER AMEX** CVC: _____

NAME AS IT APPEARS ON CREDIT CARD: _____

(PLEASE PRINT)

*** THE FOLLOWING MUST BE COMPLETED BY THE CARDHOLDER FOR THE CREDIT CARD INDICATED ABOVE AND SIGNED BY THE AUTHORIZED USER ONLY" ONE FORM PER SIGNATURE**

I, _____ AUTHORIZE THE POOCH PATIO, LLC TO PROCESS THE ABOVE CREDIT CARD AS "SIGNATURE ON FILE" FOR PET SERVICES, GOODS and TIPPING.

Please list all persons authorized to charge goods, services and tips to this card:

1.NAME: _____ PHONE: _____

2.NAME: _____ PHONE: _____

3.NAME: _____ PHONE: _____

CARDHOLDERS SIGNATURE: _____

DATE: _____
