



Credit Department  
53 Industrial Cir, Lancaster, PA 17601  
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Toll Free: 800.233.0210, Ext 7292  
Fax: 717.656.2536  
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## AUTHORIZATION FOR MONTHLY RECURRING CREDIT CARD TRANSACTIONS

**INTERNAL USE**  
TR \_\_\_\_\_ IR \_\_\_\_\_  
CL \_\_\_\_\_ TC \_\_\_\_\_  
ACCT \_\_\_\_\_

### AUTHORIZATION FOR MONTHLY RECURRING CREDIT CARD TRANSACTIONS

I authorize Penn Veterinary Supply, Inc. to submit for payment any charges I may accrue with Penn Veterinary Supply, Inc. I understand that payment will be processed on approximately the 9<sup>th</sup> of each month following invoice date against either my VISA, MASTERCARD, DISCOVER, OR AMERICAN EXPRESS account. I verify the information below to be accurate and I authorize charges to be made.

Penn Vet Account Number		<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express	Card Number
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Account Name		Expiration Date	
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Address where Credit Card is billed			
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Zip Code		Signature of Card Holder
Card Holder Name		

ALTERNATIVE CREDIT CARD to be used in event of denial on primary card

Address where Credit Card is billed			
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Zip Code		Signature of Card Holder
Card Holder Name		

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express	Card Number	Expiration Date	
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**PLEASE RETURN COMPLETED FORM TO PENN VETERINARY SUPPLY**

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