



Credit Department
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 Toll Free: 800.233.0210, Ext 7292
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AUTHORIZATION FOR MONTHLY RECURRING CREDIT CARD TRANSACTIONS

Internal Use
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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 9th 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
Account Name		Expiration Date	
Address where Credit Card is billed			
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			
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	

PLEASE RETURN COMPLETED FORM TO PENN VETERINARY SUPPLY

credit@pennvet.com	717.656.2536	P.O. BOX 8737, LANCASTER, PA 17604
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