



CHESAPEAKE VETERINARY DERMATOLOGY ASSOCIATES, LLC

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Credit Card Payment Authorization Form

Last Name: _____ First Name: _____ Pet's Name: _____

I hereby authorize Chesapeake Veterinary Dermatology Associates, LLC to charge my credit card the total amount of \$ _____.

_____ Credit card #: _____ Expiration date: _____
Type of card

Name as it appears on credit card: _____

Billing Address of credit card: _____

Cardholder's Signature as it appears on credit card: _____

Date: _____

*** In addition to this form, please fax a copy of the front and back of the credit card you are authorizing CVDA to charge along with your photo I.D. Thank you.**