

Please fax the form to our secure line 607-253-3977.

Animal Health Diagnostic Center (AHDC)
CREDIT CARD PAYMENT AUTHORIZATION SLIP

Account # _____ Amount to be charged \$ _____

Clinic/Owner/Vet's Name _____
(As it appears on your invoice)

Cardholder's Name _____
(Please print as the name appears on the credit card)

We accept the following Credit Cards:
AMEX, Discover Card, MasterCard, and Visa

Cardholder's Signature _____ Internal use only: ____/____

Today's Date _____

Credit Card # _____ Expires _____

Security Code (on back of card) _____