



## CREDIT CARD AUTHORIZATION FORM

Date: \_\_\_\_\_

Dear Client:

We can automatically make credit card payments for you on-line at our secured web site each billing period. Your credit card would be charged on the date of the invoice. Once the payment has cleared our bank, you will receive acknowledgement of your payment by e-mail in the form of a PAID invoice.

If there is an adjustment to a PAID invoice, the adjustment will automatically be applied to your next invoice.

In order for us to start processing your credit card, please sign and return this form, noting your e-mail address, type of credit card, credit card number, credit card billing address, and the expiration date of the card. Please fax the form to 1-646-219-6504 or mail it to Petaholics, LLC., 1375 Broadway, 3<sup>rd</sup> Floor, New York, NY 10018.

We believe that this secured electronic system will also help you simplify your bill paying process and save you time.

Sincerely,

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You are authorized to charge my invoices to the following credit card each billing period:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

American Express

Visa

MasterCard

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Security Code \_\_\_\_\_