



DOG WALKING FORMS

CREDIT CARD CAPTURE AND PAYMENT AUTHORIZATION

Thank you for becoming a part of the Kate's K9 Pet Care family! In order to process services, a credit card needs to be on file. Just complete and sign this form to get started!

You authorize charges to your Visa, MasterCard, American Express or Discover card. You will be charged the amount indicated on the each invoice for all services or packages listed. If for any reason the attempt to charge your account fails, we will notify you and request a secondary payment method. All invoices can be viewed on the Kate's K9 Pet Care Client portal.

Please complete the information below:

I _____ authorize Kate's K9 Pet Care, LLC to retain my credit card(s) indicated below on file and charge my credit card(s) for all future services

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Primary Credit Card	Secondary Credit Card (OPTIONAL)
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
<input type="checkbox"/> Amex <input type="checkbox"/> Discover	<input type="checkbox"/> Amex <input type="checkbox"/> Discover
Cardholder Name _____	Cardholder Name _____
Account Number _____	Account Number _____
Exp. Date _____	Exp. Date _____
CVV (3-4 digit number on back of card) _____	CVV (3-4 digit number on back of card) _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card(s) indicated in this authorization form according to the terms outlined above. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 30 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. In the event that the charge to the primary credit card fails for any reason, I agree that the secondary account will be charged. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card(s) and that I will not dispute the payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.