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credit@pennvet.com

AUTHORIZATION FOR POINT-OF-SALE CREDIT CARD TRANSACTIONS

717.656.2536

P.O. BOX 8737, LANCASTER, PA 17604

Credit Department 53 Industrial Cir, Lancaster, PA 17601 Local: 717.656.4121 Toll Free: 800.233.0210, Ext 7292 Fax: 717.656.2536 Email: credit@pennvet.com

Internal Use			
TR	IR		
CL	TC		
Acct			

	AUTHORIZATION FOR POINT-O	F-SALE CREDIT C	CARD TRANSACTIONS	
I understand that	payment will be processed at the time	ne of order placei	s I may accrue with Penn Veterinary Supply, Inc. ment against either my VISA, MASTERCARD, below to be accurate and I authorize charges to	
Penn Vet Account Number		☐ Visa ☐ MasterCard ☐ Discover ☐ American Express	Card Number	
Account Name		Expiration Date		
Address where Credit Card is billed				
Zip Code		Signature of Card Holder	r	
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	r	
Card Holder Name				
☐ Visa ☐ MasterCard ☐ Discover ☐ American Express	Card Number	Expiration Date		
PLEASE RETURN COMPLETED FORM TO PENN VETERINARY SUPPLY				