



Credit Card Authorization Form

Please note, all credit card transactions will include an additional transaction fee of 3.5%

CARD HOLDER INFORMATION

FULL NAME (as it appears on card)

EMAIL ADDRESS

PHONE

CREDIT CARD INFORMATION

CARD TYPE (please select one): VISA MASTERCARD AMERICAN EXPRESS

CREDIT CARD NUMBER

EXP. DATE

SECURITY CODE

BILLING ADDRESS

SUITE/UNIT/APARTMENT

CITY

STATE

BILLING ZIP CODE

\$ _____ + _____ = \$ _____
INVOICE AMOUNT PROCESSING FEE (3.50%) TOTAL

AUTHORIZATION & AGREEMENT

I certify that the above statements and information made in this agreement are true and correct to the best of my knowledge. I certify that I am authorized to effect charges to the above credit card number. I authorize DIA Park & Bark to charge the credit card noted above for the amount indicated on my final invoice, plus an additional fee of 3.50%. In the case of any issues or disputes concerning this transaction, I will notify DIA Park & Bark promptly to resolve the issue.

CARDHOLDER'S SIGNATURE

DATE

Thank you for your business!