



Kamp Kanine
 760-207-KAMP (5267)
www.kamp-kanine.com
 kampkanine@yahoo.com

Client Credit Card Authorization

Cardholder Name _____

Billing Address _____

City _____ State _____ Zip _____

PO Box _____

Email _____

Home Phone _____ Cell Phone _____

Credit Card # _____

Expiration Date ____/____/____ CVV Code* _____ (required)

* (4 digits on front AMEX, last 3 digits on back MC and Visa)



CVV2
Num



Credit Card (CC) Billing Options: Please initial in the box next to your preferred payment option.

Bill CC every two weeks for services already rendered. (.50 cent per dog per day surcharge will apply)

Purchase 10 day package and charge Credit Card. Package Total \$ _____

Purchase 20 day package and charge Credit Card. Package Total \$ _____

*Pay by check for package or on day of service. Package Total \$ _____

By signing below, customer agrees to the following: To pay for doggie daycare services provided by Kamp Kanine for the billing option initialed above and for any emergency veterinarian services that require payment up front. *If paying by check and not purchasing a package, customer agrees to pay on the day services are rendered. Customer further agrees that their credit card will be charged for any check returned unpaid for any reason or if their account is delinquent and remains unpaid for 10 days from the last date of service. A \$20.00 fee will be charged for any returned check. Clients purchasing any pre-paid discount packages by credit card agrees to recurring billing, and authorizes the credit card to be charged for a the same pre-paid package when previous package is down to 5 or fewer uses.

Cardholder Signature _____ Date _____