



Kamp Kanine
 PO Box 235275
 Encinitas, CA 92023
 Office: 760-207-KAMP (5267)
 Fax: 760-436-3011
 www.kamp-kanine.com
 kampkanine@yahoo.com

Client Credit Card Authorization (Kamp Kanine requires that a valid credit card be on-file.)

Client Name: _____ Dog Name: _____

Payment & Billing Options: Please initial the box next to your preferred payment option.

- I will pay the First Day Fee on _____ First Day Fee \$ _____ >
- I will purchase 5/6 day packages and charge Credit Card.....Package Total \$ _____ >
- I will purchase 10 day package and charge Credit Card.....Package Total \$ _____ >
- I will purchase 15/16 day package and charge Credit Card.....Package Total \$ _____ >
- I will purchase 20 day package and charge Credit Card.....Package Total \$ _____ >
- ** I will purchase 5/6 day package by Check.....Package Total \$ _____ >
- ** I will purchase 10 day package by Check.....Package Total \$ _____ >
- ** I will purchase 15/16 day package by Check.....Package Total \$ _____ >
- ** I will purchase 20 day package by Check.....Package Total \$ _____ >

Please charge Credit Card for all other Kamp Services

By signing below, customer agrees 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.

To avoid interruption in service, clients purchasing a pre-paid discount packages by credit card also agree to recurring billing and authorizes the credit card to be charged for the same pre-paid package when selected pre-paid package is down to 2 or fewer uses. Customer further agrees that their credit card will be charged a \$20 returned check fee 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.

** Customers paying by check agree to pay on or before service date(s).

Cardholder Signature _____ **Date** _____

Cardholder Name _____

Billing Address _____

Billing PO Box _____

City _____ State _____ Zip _____

Credit Card # _____ **Expiration Date** ____/____

CVV Code* _____ (required) * (4 digits on front AMEX, last 3 digits on back MC and Visa)



CVV2 Num

