



Paws-a-Palooza, LLC
CREDIT CARD AUTHORIZATION

I authorize Paws-a-Palooza, LLC to automatically charge the credit card, listed below, as payment for invoices for any and all future Paws-a-Palooza services unless otherwise specified. I understand that Paws-a-Palooza will provide me with an invoice either in person, by US Mail, or by email disclosing the amount of charge.

Client Information:

Name (as it appears on the card) _____

Billing Address _____

City _____ State _____ Zip _____

Contact Number _____ work / cell / home (please circle)

Email Address _____

Credit Card Information:

Account Number _____

Expiration Date _____

VCode _____ (3 digit code on back of card)

Visa / MasterCard / Discover (please circle)

I understand that this information will be retained on file for any future invoice charges. If you would like to change your credit card information, you will need to submit a new form to our office.

Client Signature _____ Date _____

Printed Name _____

Please return this form with your registration packet.

Questions? Email us at info@pawsapaloozaplace.com or call 308-660-3230

