



GOLDEN PAWS

Luxury Pet Resort

294 County Road 289
Mountain Home, AR 72653
hello@goldenpawspetresort.com

CREDIT CARD AUTHORIZATION

Credit Card Type: Visa Discover American Express Mastercard

Credit Card Number: _____ **Expiration Date:** _____

Name on Card: _____ **CVV:** _____

Billing Address: _____

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For my convenience, I am authorizing _____ Golden Paws Pet Resort LLC to execute transactions for the agreed-upon services, communicate my credit card to vendors as necessary, and to charge the above credit card for a retainer, amounts due, and/or final balance.

I also authorize Company to charge the above credit card for monthly payments for services rendered, once invoice is sent, as well as any necessary items purchased by Company.

I agree that I will not dispute any charges from Company unless I have made a good faith effort to rectify the situation with Company and those efforts have failed.

I authorize Company to run an address verification search. This process is a security measure designed to protect me from illegal fraud against my credit card.

I guarantee and warrant that I am the legal cardholder for this credit card, and that I am legally authorized to enter into this agreement with Company. I represent that I have the authority to request the above credit card be billed for services according to the terms stated here and without dispute.

Client

Printed

Date