



K9 Gentle Dental
Credit Card Authorization
Form

Please complete this form in its entirety or we may have to contact you to collect information needed to process payment.

We will dispose of this information safely as soon as the payment is completed.

Name on card: _____

Card #: _____

Expiry date: _____ 3 digits on back of card: _____

Postal code: _____
(of billing address associated with card)

Phone #: _____

Email: _____
(where a receipt will be sent)

Signature: _____ Date: _____