



WAGGING LOUNGE DOG RESORT Credit Card Authorization Form

Please complete this AUTHORIZATION FORM. All information will remain CONFIDENTIAL.

Cardholder Full Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Credit Card Type: ___ Visa ___ Mastercard ___ Amex ___ Discover

Credit Card Number: _____

Expiration Date: _____

Card Identification Number (last 3 digits): _____

I hereby authorize WAGGING LOUNGE DOG RESORT to process credit card payments from the Credit Card listed above. I agree that I will pay for WAGGING LOUNGE DOG RESORT Services and Products with this card in accordance with the issuing bank cardholder agreement. WAGGING LOUNGE DOG RESORT does not sell or distribute personal credit card information. I certify that I have read and understand the agreement and accept all terms and conditions.

Cardholder – Print Name, Sign, and Date below:

PRINT NAME: _____

SIGNATURE: _____

DATE: _____