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## VetMedWear

Rotonda West, Florida, United States / Mississauga, Ontario, Canada

### Credit Card Authorization Form

First / Last Name

Address

City

State / Prov  Zip / Postal Code

Phone  Email

Credit Card Type    Visa     MasterCard

Credit Card

Expiration Date                       Security Code

This is to advise that VetMedWear incorporated as AnMar Consulting Inc be authorized to accept telephone, e-mail, or fax orders from our business, charge the cost of purchases to our credit card account and ship the merchandise as requested. By signing this document, I/We am/are accepting responsibility for these transactions to ensure full payment to the Merchant. Also, assume responsibility of informing VetMedWear immediately if this credit card is no longer valid.

Signature                       Date

**Please email form to Kasia at [kszeliga@vetmedwear.com](mailto:kszeliga@vetmedwear.com)**