



CREDIT CARD PAYMENT AUTHORIZATION FORM

Account Number: _____ Date: _____

Account Name: _____ Owner's Name: _____

Email Address: _____

Phone Number: _____ Fax Number: _____

Name: _____
(Signer as it appears on credit card)

Billing Address: _____
(Address where credit card statement is mailed)

City: _____ State: _____ ZIP: _____

AUTO CHARGE PAYMENT OPTIONS

Select New or Existing Enrollment into Auto Charge Payments by choosing the date of payment and provide Credit Card info to be stored on file.

- NEW Enrollment in Auto Charge Update Existing Auto Charge Enrollment
- Automatically charge my credit card for my invoices on the **15th of each month**
- Automatically charge my credit card for my invoices on the **30th of each month**
- Automatically charge my credit card for my invoices **per order**

Credit Card Number: _____ Expiration Date: _____

UPDATE CREDIT CARD INFORMATION ONLY – NO AUTOMATED PAYMENT DESIRED

UPDATE

Credit Card Number: _____ Expiration Date: _____

ADD CC to file

Credit Card Number: _____ Expiration Date: _____

REMOVE CC from file Last 4 digits of card: _____

Please email this form to customer.accounts@animalhealthinternational.com

By signing this form, I hereby authorize Animal Health International, Inc. to automatically withdraw funds from or charge my account, as applicable, for recurring payment amounts each billing period, without the need for prior notification and based upon the payment information provided above. The use shall be limited to current and future purchases from Animal Health International, Inc. and in payment of recurring outstanding balances owed to Animal Health International, Inc. I understand it is my responsibility to ensure that my banking institution or credit card company accepts these charges and my Animal Health International, Inc. account balance remains current. If my banking institution or credit card company continues to decline these charges, Animal Health International, Inc. will remove my account from automatic payment options. I may revoke or cancel this authorization at any time by notifying Animal Health International, Inc. in writing at least fifteen (15) days prior to termination to Animal Health International, Inc. Attn: Credit Department, PO Box 1418, Loveland CO 80539, or by emailing customer.accounts@animalhealthinternational.com. Any change to the payment information above, will require a new Payments Authorization Form. Further, I agree not to hold Animal Health International, Inc. responsible for any delay or failure to make timely payments on my account due to incorrect information supplied by me, insufficient funds, or due to any error on the part of my credit card or financial institution in regard to my account or transferring funds. Animal Health International, Inc. reserves the right to discontinue this method of payment at any time without prior notice; therefore, it is your responsibility to ensure your account remains current.

Effective July 28, 2024, Animal Health International, Inc. will begin adding a transaction fee (up to 1.5% depending on the rules of your jurisdiction) on all purchases made with a credit card. This helps us to maintain competitive prices and is not greater than our cost to accept your card. We will not charge a fee when customers make a payment using check, eCheck, ACH or wire transfer methods.

In order for Animal Health International, Inc. to accept this form, we must have an authorized signature below.

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____

I am an authorized signer, or otherwise have authority to act on behalf of the account identified in this agreement.