



5572 N. Elston Ave - Chicago, IL USA 60630 - Tel. 312.933.1528 - Fax. 773.277.4196

www.NoBegging.com

Payment Authorization Agreement

Credit Card Information:

Type of card: Visa Mastercard

Name (as it appears on card): First: _____ Last: _____ Int: _____

Card Number: _____

Expiration Date: ____ / ____

CVV (this is the last three digits located on the signature line on the back of your card): _____

Billing Address (fill in if different than information on Client Information Sheet)

Street: _____ Apt./ Unit Number _____

City: _____ State: _____ Zip Code _____

Identification/Driver's License Information:

ID / Driver's License State: _____ ID / Driver's License Number: _____

Payment Authorization:

Please acknowledge the following policy statements by initialing in the space provided.

_____ I hereby authorize SSDT Inc. to charge my credit card \$35.00 if I do not cancel any boarding reservation(s) I have made within 48 hours of the boarding date.

_____ I understand that there is a non-refundable deposit of 5% of the total price for the training program I have elected my dog to attend at SSDT. In the event that I wish to withdraw from the training, I understand that I will have to forfeit my deposit to D.O.P.A. Dogs Inc.

_____ I hereby authorize SSDT Inc. to charge any balance for any services on my account that are Past Due. All payments are due when services are rendered.

_____ I understand that I am required to prepay for all services by cashier's check or cash should I choose not to put a valid credit card on file. I also understand that my dog will not be eligible for transportation if payment is not made when services are rendered.

By signing below, I acknowledge that I have read this Payment Authorization Agreement in its entirety and agree to the terms. My signature will also act as authorization for SSDT Inc. to charge the above listed credit card for services rendered and / or according to the policies of SSDT Inc.

Date

Signature