

# CREDIT CARD PROCESSING FORM



Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Extension: \_\_\_\_\_

*Billing Address (if different from above)*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Credit Card Information ( \$ 20 minimum on credit card charge)

\_\_\_\_\_ Tickets \$100ea                      Total Charge Amount: \$ \_\_\_\_\_

Please Check One:     Mastercard                       American Express                       Visa

Account Number: \_\_\_\_\_

Expiration: \_\_\_\_\_

\*Card Security Code: \_\_\_\_\_

If using a Company Credit Card, print company name below:

\*Security Code is a 3 - or 4 - digit number, which is not part of the credit card number, typically printed on the back.

\_\_\_\_\_



Signature: \_\_\_\_\_

If paying by check, please make payable to **PET PEEVES, INC.** and with this form to:

Pet Peeves, Inc.  
8325 Jericho Turnpike  
Woodbury, New York 11797  
Phone: (631) 692-PETS

**Your contribution is tax deductible in keeping with IRS regulations**

**PLEASE FAX THIS FORM TO: 516-692-8097**