



MONTHLY CREDIT CARD AUTHORIZATION

We would like to make it easier for you to pay your bills by offering you the option of having your outstanding balance automatically charged to your credit card every month. All you have to do is complete this form and return it in the enclosed envelope.

You will still receive your statement every month but it will have a zero balance. As always, thank you for your support and please call the office if you have any questions.

Client Name		Acct. #
Name on Credit Card		Visa MC Amex
Billing Address		Type of Card
City, State, Zip		
Credit Card #	Exp. Date	V Code

I, _____, am authorizing Equine Veterinary, LLC to charge the above mentioned credit card on a monthly basis for any outstanding balance that is on my account. If at some point I need to cancel this authorization, or change the credit card information I understand that I must do so in writing.

Signature: _____

Date: _____