



Credit Card Authorization Form

Name (as it appears on card): _____

Billing Address: _____

City/State/Zip: _____

Credit card: Visa MasterCard

Credit card number: _____

Expiration date: _____ Security Code: _____

Signature: _____

Printed Signature: _____

Billing preferences:

I want my credit card to be kept on file in a secure location and charged at the time of every service. I understand I will receive an e-mail copy of my invoice and credit card receipt.

I will pay at the time of service by cash or check. My credit card is only to be used for emergency purposes or if, for some reason, I have a balance at the end of 30 days (you will be notified if you have a balance at the end of 30 days before your credit card is charged).

Initial: _____ *I understand that there is a 3.7% convenience fee for using a credit card and that this charge will not appear on my invoice but will be reflected in the receipt that will be e-mailed to me.*

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