



WWW.EQUINEVETSERVICE.COM
270-554-6601

****Credit Card Authorization Agreement:****

I, the undersigned, authorize Equine Veterinary Service (EVS) to charge the credit card indicated below for automatic payments of veterinary services and products. I understand that my information will be saved to file for future transactions on my account. I understand that this authorization will remain in effect until I cancel it, and I agree to notify EVS of any changes in my account information or termination of this authorization. EVS will email invoice and patient summary for each visit/charge. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my credit card company provided the transactions correspond to the terms indicated in this authorization form.

Please fill out the below information and submit with signature.

****Cardholder Name (as it appears on the card):** _____

****Card Number:** _____

****Expiration Date (MM/YY):** _____

****CVV (3 or 4 digit security code):** _____

signature

If you have any questions please contact us at 270-554-6601 or alternatively, reply to this email.

Thank you for your continued business,
Your EVS team