



## Credit Card Authorization Form

Coast Equine strives to provide quality convenient service to our clients. An option is available for hassle free billing. It allows you to keep you credit card information on file and have it billed after each service. An invoice will continue to be provided at the time of service. Please complete the information below to enroll.

Clients Name: \_\_\_\_\_ Date: \_\_\_\_\_

Card Type: \_\_\_ Visa \_\_\_ MasterCard \_\_\_ Discover

Cardholder's Name: \_\_\_\_\_

Billing address for card if different from address on file: \_\_\_\_\_

\_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

I authorize Coast Equine Veterinary Services to charge the above card at the time of service unless other payment is provided. I authorize Coast Equine to charge the card for any additional services/items added after the visit.

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