

# CANYON LARGE ANIMAL CLINIC

## Credit Card Authorization Form

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### CREDIT CARD INFORMATION

Name on Card: \_\_\_\_\_

Visa  Mastercard  Discover  American Express

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVC/Security Code: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

### PLEASE SELECT YOUR PREFERENCE BELOW

Please notify me before running credit card

Please email invoice after credit card has been run

I acknowledge and agree to pay the entire balance due for the services provided by Canyon Large Animal Clinic DbA Canyon Equine Medical Center (Katie A. Prince DVM) at the time the service is performed. I agree that it is my responsibility to maintain a current and valid credit card on file with Canyon Large Animal Clinic DbA Canyon Equine Medical Center (Katie A. Prince DVM) and that in the event the card is invalid, I will provide an alternate form of payment to rectify the account and its current balance paid in full. I also agree that in the event my account becomes more than 30 days past due, I authorized Canyon Large Animal Clinic DbA Canyon Equine Medical Center (Katie A. Prince DVM) to charge the entire balance due, including interest charges, on the credit card listed above. I understand that this authority will remain in effect until cancelled in writing by either party.

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

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