



TRIANGLE EQUINE VETERINARY SERVICES
103 CANDY APPLE CT CARY, NC
919 460-6300

AUTOMATIC CREDIT CARD BILLING AUTHORIZATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email address: _____

Credit Card Billing Address (if different than above):

City: _____ State: _____ Zip Code: _____

Card Type:

- VISA
- MASTERCARD

Card #: _____

Expiration Date: _____ CVV #: _____
(Three digits on the back of the card)

Please check one of the following:

- Charge the above credit card the day services are rendered.
- Charge the above credit card one week after services are rendered.
(This option gives you the opportunity to pay online, by check, or make other arrangement through the office).

I hereby authorize TRIANGLE EQUINE MOBILE VETERINARY SERVICES to automatically charge the full balance of my account to my credit card after services are rendered. Furthermore, I agree to notify TRIANGLE EQUINE MOBILE VETERINARY SERVICES of any change to the above before further services are rendered, and I understand that this authority will remain in effect unless cancelled by either party with 30 days notice.

Signature: _____ Date: _____