



**Credit Card Authorization Form**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Credit Card Information:**  VISA  MasterCard  Discover

**Card Number:** \_\_\_\_\_

**SVC:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**Print Authorized Signature:** \_\_\_\_\_

**Payment Options:**

- Charge the above listed credit card after every service visit or invoice.**  
*(You will receive an emailed copy of the invoice as well as notification of the charge on the card.)*
- Keep credit card on file for emergency purposes only. Normal payment will be given at time of service, and the above listed credit card will only be used if specified, or if a balance exists for any reason after 30 days.**

*By completing this form, you allow Twin Pines Equine Veterinary Services, LLP to keep this information on file in a secure location, and charge the listed credit card for services rendered, as indicated above.*