

CARLISLE EQUINE CLINIC
Holly J. Wendell, DVM
25 Shady Lane • Carlisle, PA 17013
717.249.3500
laura@CarlisleEquineClinic.com

Authorization for Credit/Debit Card Payment

We prefer payment by check, cash or money order.

We offer the option of payment by credit card.

Please initial each statement to indicate that you have read and agree to it.

_____ I authorize the use of my VISA, MasterCard, Discover or American Express card for payment of Carlisle Equine Clinic statement charges as shown below.

_____ I understand that payment is due at the time of service.

_____ I understand that I can pay the invoice in full by check (\$35.00 fee for returned checks), cash, money order or credit card.

_____ I understand that after thirty (30) days from the invoice date, I will incur a service charge on the unpaid balance and my credit card will be charged for the full amount.

Option:

_____ Pay all bills automatically on my credit card *at time of service*.

Card Type: VISA MasterCard Discover American Express
(circle one)

Cardholder Name: _____

Billing Address: _____

City, State, Zip: _____

Client Name (if different from Cardholder): _____

Card Number: _____

Expiration Date: _____

Authorized Signature: _____ Date: _____

Please complete and return to:

Carlisle Equine Clinic
25 Shady Lane
Carlisle, PA 17013