

# OKLAHOMA CITY EQUINE CLINIC, P.C.



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## Credit Card Payment Authorization Form

### Credit Card Information:

\_\_\_\_ Visa    \_\_\_\_ MasterCard    \_\_\_\_ Discover    \_\_\_\_ AmEx    \_\_\_\_ Care Credit

Credit Card Number: \_\_\_\_\_

Expiration: \_\_\_\_/\_\_\_\_    Security Code: \_\_\_\_    Billing Zip Code: \_\_\_\_\_

### Cardholder Information:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

H: \_\_\_\_\_ C: \_\_\_\_\_ Other: \_\_\_\_\_

### Terms: (Please indicate preferences by marking with an X to all that apply)

- ☐ Please charge my credit card for my **current balance** in the amount of \_\_\_\_\_.
- ☐ Please charge future invoices once at the **end of each month** for all services incurred.
- ☐ Payment plan agreement: **(Fill out additional Payment Plan Agreement.)**

I authorize *Oklahoma City Equine Clinic, P.C.* to charge the above credit card for payment of services rendered.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### For office use only:

Form received:    On \_\_\_\_\_ By \_\_\_\_\_

Voice authorization:    On \_\_\_\_\_ By \_\_\_\_\_