



Dr. Robert Ball, DVM 18675 Marbach Lane San Antonio, TX 78266

CREDIT/DEBIT CARD AGREEMENT :

Name as it appears on CC: _____

Physical Address: _____

City, State, and Zip Code: _____

Billing Address, if different from above: _____

City, State, and Zip Code: _____

Billing Phone Number: _____

Cell

Home/Alternate

Our financial policy is payment at the time of service. Bracken Equine Clinic agrees to accept my credit or debit card as a method of payment for services rendered. Should my credit or debit card company deny charges, the charges are due and payable in full to Bracken Equine Clinic upon notification.

By signing this agreement, I understand and accept the terms and conditions of this credit/debit card agreement authorizing Bracken Equine Clinic to debit my account automatically **without prior notice** for charges incurred during any given billing cycle.

Bracken Equine Clinic reserves the right to discontinue accepting my credit/debit card as my method of payment without prior notice.

Cardholder's Signature: _____ Date: _____

Credit Card Information: (*Debit, as well as, Credit Cards kept on file will be debited at or near the time of service without prior notice.*)

Primary Card: Master Card__ Visa__ American Express__ Discover__ Citi Card__ Care Credit__

Card Number

Exp.Date:_____ CVC_____

Secondary Card: Master Card__ Visa__ American Express__ Discover__

Card Number: _____

Exp.Date:_____ CVC_____