



Rogue Valley Equine Hospital

14099 Hwy 62 P.O. Box 235

Eagle Point, OR 97524

Phone (541)826-9001 Fax (541)826-1099

Credit Card Authorization Form

This form is used to authorize Rogue Valley Equine Hospital to establish automatic payment of your monthly Rogue Valley Equine Hospital charges via credit card. Please fill out this form completely and return to the address shown above.

Credit Card Information

Credit Card Type: Amex Discover Mastercard Visa

Card Number:

Expiration Date:

Name on Card:

Credit Card Billing Address (where you receive your credit card statements)

Street:

City:

State:

Zip Code:

Authorization

I authorized Rogue Valley Equine Hospital to charge my credit card immediately after posting of invoice, until I notify them otherwise in writing. I also understand that the first charge placed on my card will include the balance already due on my account, if any. I agree to pay the above credit card charges in accordance with the Card Issuer Agreement.

Cardholder Signature:

Date: