



## Automatic Charge Authorization

Blue Ridge Equine Clinic Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

I, \_\_\_\_\_ (name on credit card), hereby authorize

Blue Ridge Equine Clinic and/or Windswept Stables to bill my:

Visa,  MasterCard,  Discover, or  Care Credit for (Check one):

\_\_\_\_\_ 1. Single payment: \$ \_\_\_\_\_

\_\_\_\_\_  2. Automatic payment upon completion of services rendered.

CREDIT CARD #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

BILLING STREET#: \_\_\_\_\_

BILLING ZIP CODE: \_\_\_\_\_

I understand that this authority will remain in effect until cancelled by either party with 30 days' written notice.

SIGNATURE: \_\_\_\_\_