



ALICE LOMBARD DVM
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CREDIT CARD AUTHORIZATION

Credit Card type (circle one): MasterCard Visa Discover AmEx

Name on card: _____

Credit card number: _____

Expiration date: _____ Security code: _____

Billing address: _____ Billing zip code: _____

Email address: _____

(initial) I agree to have my credit card automatically charged for all charges incurred **for each invoice.**

(initial) If I am present at the appointment, I agree to pay at time of service for each invoice, and if I do not pay in another method (different credit card, check or cash) **this credit card will be processed.**

In the event of an overdue balance, I agree to pay a monthly billing and financing fee equal to 1.5% of the unpaid balance or \$5.00, whichever is greater. If legal action is necessary to collect unpaid invoices, I agree that all costs of collection will be charge to me.

Card Holder Name (Signature): _____ Date: _____

Card Holder Name (Printed) _____