



## Credit Card Billing Authorization

I, \_\_\_\_\_ give Florida Equine Veterinary Services, Inc. authorization to bill my credit card for veterinary services and /or supplies, from now until further notice.

Credit Card Type:    Visa / MasterCard (circle one)

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

Expiration Date: \_\_\_\_\_

3-Digit Security Code (off the back of card): \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Authorized Signature