



CLIENT CREDIT CARD - ON FILE

Client Credit Card Authorization:

I, _____ hereby authorize Starwood Equine Veterinary Services, Inc. to keep my credit card and signature on file and to charge my account for services rendered. Credit card information is confidential and kept secure. This authorization is incorporated by reference to the Starwood Fee Agreement. Pursuant to the terms of the Fee Agreement, Section 4: "If payment for services rendered is not received in full within 30 days of service, Client authorizes Starwood to apply the charges to my credit card on file."

By providing my credit card number and signature, I authorize Starwood Equine Veterinary Services, Inc to charge my credit card for an account balance that is outstanding 30 days past the date of service. A detailed invoice shall be sent prior to any charges applied to the below listed credit card. ____ (Initial)

This authorization is revocable at any time upon written notification to Starwood, with written confirmation of receipt from Starwood Equine Veterinary Services, Inc.

Name on Card:

Billing Address:

Card Type: ___ Visa ___ Mastercard ___ American Express ___ Discover

Card Number:

Zip Code:

Expiration:

Email Address for Receipt:

_____ Initial Here for Automatic Credit Card Payments at Time of Service

Authorized Cardholder Signature

Print Name

Date