



# CREDIT/DEBIT CARD AUTHORIZATION

Reata Equine Hospital requires a credit/debit card to be kept on file for any account where payment is not rendered in full at the time of service. No billing to account will be allowed without submission and approval of this completed form. This form authorizes Reata Equine Hospital, PA to charge your credit/debit card for any overdue balances (greater than 60 days from the time of service), or to establish automatic payment of your monthly REH charges. By signing below you accept the conditions of establishing an account and consent to REH charging your credit card for any overdue balances. Please fill out this form completely and return to REH.

Customer Name  on Account:  Amount:

Credit Card Type  AMEX  Discover  MasterCard  Visa  Care Credit

Card Number:

Expiration Date:  Security Code:

### CARDHOLDER INFORMATION:

Name:

Street:

City:  State:  Zip Code:

**Automatic Payment: (Optional)**  
I would like to automatically pay for services rendered by Reata Equine Hospital, PA. (Please enter your initials)

**Authorization**  
**I hereby authorize Reata Equine Hospital PA to charge my credit card and understand that by signing below any balance overdue by 45 days will be charged automatically.**  
**In addition, if I have initialed the "automatic payment" section above, I authorize Reata Equine Hospital PA to charge my card my statement balance on the 25<sup>th</sup> of each month.**  
*\*Please note that if above card is declined or expires, all services and account billing may be discontinued until current card information submitted.*  
   
Cardholder Signature Date  
  
Printed Name

Reata Equine Hospital, PA reserves the right to accrue a finance charge of up to 18% (per annum) or \$5 minimum on accounts over 60 days.