

14028 Hwy 65
Bakersfield, CA 93308



DR. CATTRINA LUCAS VET INC.
PREMIER EQUINE VETERINARY SERVICES

(661) 859-6168
www.DrLucasVet.com

Credit Card Payment Authorization

Owner's Name: _____

Address: _____

City: _____ **State:** _____ **Zip code:** _____

Cell Phone: _____ **Email:** _____

The below credit card information will be kept on file at Dr. Lucas Vet Inc. This credit card information will be used to pay the entire invoice at the time of service, or at the time of billing, or to pay in full any outstanding balance on my account. I hereby authorize Dr. Lucas Vet Inc. to utilize my credit card for payment as detailed above.

I understand that I am financially responsible for all services provided by Dr. Lucas Vet Inc. I agree for Dr. Lucas Vet Inc. to hold in their possession a copy of a current credit card to apply payment in full to the balance due on the account. In the unlikely event that the credit card will become declined, action will be taken for collection for balance due on account at such time credit card is declined.

Credit Card Information:

Circle: VISA MasterCard Discover AmEx Other: _____

Account Number: _____

Expiration: _____ CCV: _____

Credit Card Billing Information (If different from above)

Name on Card: _____ Phone: _____

Billing Address for Card: _____

City: _____ State: _____ Zipcode: _____

I understand if these credit card payments go over 30 days, that each monthly statement that is sent to me will be subject to a \$15.00 billing fee. I understand that a late fee of 1.5% per month or 18% annually will be applied to all accounts more than 30 days past due. I further understand that as the Owner I am responsible for all court costs and lawyer fees if account is turned over to collection.

Authorized Signature: _____

Print Authorized Signature: _____