



Credit Card Authorization Form

I, _____ authorize Deer Creek Equine Clinic, Inc. to charge my credit card as listed below for all products and services rendered.

Credit Card Information:

Circle one: Visa MasterCard Discover American Express

Credit Card Number: _____

Expiration Date: _____

I agree to inform Deer Creek Equine Clinic, Inc. of any changes in my credit card information.

Date: _____ Signature: _____