



2581 C Road  
Loxahatchee, FL 33470  
561-398-9782  
Support@WellGroveEquine.com

## CREDIT CARD AUTHORIZATION FORM

CREDIT CARD TYPE:                      Visa                      Mastercard                      Amex  
   Discover                      Other\_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_

EXP (mm/yy): \_\_\_\_\_ CVV: \_\_\_\_\_ ZIP: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment Policy:** Payment in full is due at the time services are rendered. A valid credit card can be kept on file. Client is responsible for updating credit card information on file. Client authorizes and acknowledges receipt of services and/or medications rendered. Unpaid balances will be subject to finance charges of 1.5% per month. Any costs incurred as a result of non-payment of any bills, including interest, attorney's fees and court costs will be sustained by the client.

**Return completed form by email to [Support@WellGroveEquine.com](mailto:Support@WellGroveEquine.com)**

Mailing Address:  
1153 Stallion Dr  
Loxahatchee FL 33470