



DESERT PINES EQUINE MEDICAL & SURGICAL CENTER

CREDIT CARD AUTHORIZATION FORM

This form confirms your request for payment by credit card. By submitting this form, you agree to pay any and all amounts charged by Desert Pines Equine Center to your credit card account specified below, and authorize Desert Pines Equine Center to obtain credit approval from said credit card company.

I hereby authorize Desert Pines Equine Center to charge my credit card account specified below. I affirm that I am at least 18 years old and that I am legally authorized to use the credit card account number specified below. Furthermore, I understand and agree that any charges made to the account specified below are fully non refundable, and I agree to pay, pursuant to my agreement with said credit card company, any such amounts charged by me both in the past and henceforth. Additionally, I agree to hold Desert Pines Equine Center completely and fully harmless from and against any and all claims of any type or nature whatsoever resulting from any charges made to said credit card account payment, in full, will be billed to the credit card shown below.

CREDIT CARD INFORMATION

CREDIT CARD TYPE: ___VISA ___MASTERCARD ___AMERICAN EXPRESS ___DISCOVER

CREDIT CARD NUMBER: _____ EXP DATE _____

CARDHOLDER NAME: _____ PHONE# _____

BILLING ADDRESS: _____ ZIPCODE _____

NAME OF BANK ISSUING CREDIT CARD AND CUSTOMER SERVICE TELEPHONE NUMBER:

BANK NAME: _____ PHONE# _____

PERSONAL INFORMATION

FULL NAME: _____ PHONE# _____

EMAIL: _____ ZIPCODE _____

CURRENT ADDRESS: _____

Per my request through Desert Pines Equine Center, I hereby authorize Desert Pines Equine Center to charge on the above credit card account.

Signature

Date

Printed Name

5000 North Jones * Las Vegas, NV 89130* (702) 645-2247* Fax (702) 645-4694