

# Woods End Equine Veterinary Service

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FAX 973-529-0388  
E-mail [WoodsEndEquine@hotmail.com](mailto:WoodsEndEquine@hotmail.com)

## Automatic Credit Card Charge Authorization

I do hereby authorize Woods End Equine Veterinary Service to bill my VISA or MASTERCARD for:

\_\_\_\_\_ 1. Single payment

\_\_\_\_\_ 2. Payment when services are rendered

CC type \_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD

CC number \_\_\_\_\_ Expiration date \_\_\_\_\_

3 digit code on back of CC \_\_\_\_\_

I understand that this authority will remain in effect until cancelled by either party with 30 days notice.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

