



Cannon Veterinary Services

31310 Woodhaven Trail Cannon Falls MN 55009 651-258-4050



Credit Card Authorization

Cannon Veterinary Services requires payment at the time services are provided. We do accept the following forms of payment: **Cash, Check or Visa/Mater card.** If you choose to use a credit card, please provide CVS with the following information.

Credit Card type: (*please circle*) **Visa or MasterCard**

Credit card number _____ Exp Date _____ CVV Code _____

Cardholder Name (*please print*) _____

Cardholder's Billing Address _____

Authorizing Signature _____

I hereby authorize Cannon Veterinary Services, (Dr. Winter or staff) to apply any and all charges for veterinary services rendered on my horse(s) or pet(s).

Please check the appropriate box below.

<input type="checkbox"/>	Payment when services are rendered.
<input type="checkbox"/>	Payment in full at the end of the month.

I understand that I am responsible for maintaining my credit card account, so when fees are charged by Cannon Veterinary Services, they will be immediately accepted by the credit card company.

If the account is 90 days past due, it will be referred to a collection agency.

In the event of a past due account or nonpayment, Cannon Veterinary Services may refer my account to a collection agency and/or attorney. When CVS exercises this right, I agree to pay an additional finance charge of 30% or an additional rate of \$30.00 per \$100.00 of the indebtedness. Furthermore, I hereby accept full financial responsibility for any and all account(s) incurred by me or by my spouse.

I declare the above information is correct.

I have read, fully understand and agree to the above terms and statements.

I understand that this document will remain in effect until cancelled by either party with a 30 day written notice.

I understand and agree to the above terms for my account from this day forward.

Date _____ Signature _____

Date _____ Spouse's Signature _____

For Office Use:

Date _____ Accepted By _____