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CREDIT CARD SIGNATURE ON FILE AUTHORIZATION FORM

PLEASE CHECK ONE:

- AMERICAN EXPRESS MASTERCARD VISA
 DISCOVER DEBIT CORPORATE

CREDIT CARD NUMBER

EXP. DATE

NAME AS IT APPEARS ON CARD

BILLING ADDRESS THAT YOUR CREDIT CARD STATEMENT IS SENT,
INCLUDING ZIP CODE.

COMPANY NAME IF CORPORATE CARD

THE FOLLOWING MUST BE COMPLETED BY THE CARDHOLDER FOR THE CREDIT
CARD INDICATED ABOVE AND SIGNED BY THE AUTHORIZED USER ONLY

I _____ AUTHORIZE ROGUE EQUINE HOSPITAL TO PROCESS
THE ABOVE CREDIT CARD AS "SIGNATURE ON FILE" FOR VETERINARY
SERVICES.

PLEASE LIST ALL PERSONS AUTHORIZED TO CHARGE SERVICES TO THIS
CARD.

1. NAME

PHONE

2. NAME

PHONE

SIGNATURE OF AUTHORIZED CARD HOLDER

DATE

PHONE NUMBER

FAX NUMBER

PLEASE ATTACH A CLEAR COPY OF BOTH SIDES OF THE
SIGNED CREDIT CARD TO THIS FORM.