



LARGE ANIMAL HOSPITAL
90 WEST LARAMIE DRIVE
RENO, NV 89521
(775) 849-0120 (775) 849-3129 FAX
WWW.COMSTOCKEQUINE.COM

AUTOMATIC CREDIT CARD BILLING AUTHORIZATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

CLAH Account #: _____

Credit Card Billing Address (if different from above):

City: _____ State: _____ Zip Code: _____

Card Type: (circle one) VISA MASTERCARD Expiration Date: ____/____

Credit Card #: ____ / ____ / ____

Name printed on card: _____

Three (or four) digit code on back of credit card: ____ (____)

E-mail address: _____

Please check one of the following:

[] Ok to charge the above credit card the day services are rendered.

[] Only charge the above credit card 10 days after services are rendered.

I hereby authorize COMSTOCK LARGE ANIMAL HOSPITAL to automatically charge the full balance of my account to my credit card 10 days after services are rendered. Furthermore, I agree to notify COMSTOCK LARGE ANIMAL HOSPITAL of any change to the above before further services are rendered, and I understand that this authority will remain in effect unless cancelled by either party with 30 days notice.

Signature: _____ Date: _____