



Pine Ridge Equine Hospital
2281 West 171st Street South
Glenpool, OK 74033
918-827-8000
918-827-8001 (fax)
www.pineridgeequine.com

AUTOMATIC PAYMENT OF ACCOUNT

I _____ give my permission to Pine Ridge Equine Hospital to pay my account balance with the following credit card before statements are mailed.

American Express _____
Discover _____
Mastercard _____
Visa _____
Care Credit _____

Account Number _____
Expiration Date _____
Name on Card _____
Billing Address _____

Email Address to email receipt _____

Please check one of the following:

- _____ I wish my account balance to be paid by the above credit card at the end of each month.
_____ I wish my account balance to be paid after each visit with the above credit card.
_____ I wish to be informed of my balance prior to running my card after each visit.
_____ Other: _____

Pine Ridge Equine Hospital will keep your credit card number separate from our normal records and will be kept under lock for your privacy. If you have any questions, please contact our office.

Signature
Phone Number: _____

Date

OFFICE USE ONLY
Client ID # _____