Logo, company name

Description automatically generated with medium confidence

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**CREDIT CARD AUTHORIZATION AND PAYMENT POLICY**

It is our policy to request payment in full at the time services are rendered. We accept cash, check, Visa, Mastercard, Discover, and American Express. All card payments are subject to a 3% fee. We also offer an auto pay program, the details of which are outlined below. If you are unable to be in attendance at your appointment, you must make payment arrangements with the Institute Mobile Veterinary Services office PRIOR to your appointment. There is a $35 returned check processing fee for all returned checks. New clients are not allowed to pay with check without prior approval.

**CREDIT CARD AUTHORIZATION**

Name (as it appears on card): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*We will email you an itemized invoice

Visa \_\_\_\_\_\_ Mastercard \_\_\_\_\_\_ Discover \_\_\_\_\_\_ American Express\_\_\_\_\_

Credit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_ CVV: \_\_\_\_\_\_Billing zip:\_\_\_\_\_\_\_\_

**Payment Option (choose one):**

\_\_\_\_\_\_\_ Place my card on file and enroll me in auto pay. With auto pay I understand that my card will automatically be charged whenever charges are incurred.

\_\_\_\_\_\_\_ Place my card on file but contact me prior to processing it. \*Note: we will attempt to reach you via phone and email.

\_\_\_\_\_\_\_ Place my card on file but I will pay with cash or check at each appointment. I will notify you if I want IVS to charge my credit card for a certain appointment.

**Delinquent accounts:**

In the event that an account becomes delinquent, it is subject to a $25 late fee as well as a 2% finance charge FOR EACH 30 DAYS THAT IT REMAINS UNPAID. Once an account reaches 60 days past due, it is subject to collections and/or legal proceedings. It is the client’s responsibility to pay the outstanding balance, late fees and interest charges, all court costs, and collection fees which are one half of the outstanding balance.

­­­­Your Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_