



# Kopec Veterinary Associates, P.C.

24 Hour Mobile Equine Service and Haul In Facility

400 Stackstown Road  
Marietta, PA 17547  
717-361-8700  
www.kvaequine.com  
kvaequine@gmail.com

## Credit Card Payment Authorization Form

Payment is due in full at the time of service. Please sign and complete this form to authorize Kopec Veterinary Associates to make a debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date.

Kopec Veterinary Associates requires ALL out of state clients to have a credit card on file for services rendered.

**Please complete the information below:**

**Amount: \$ \_\_\_\_\_**

*\*\*Your completion of this section of this authorization form helps us to protect you, our valued client, from credit card fraud. All information entered on this form will be keyed into a completely secure credit card vault whereby the card information will be encrypted and tokenized. What this means to you is, our staff will no longer have visibility to your full credit card information after it is secured. When an invoice is due to be paid, we will be able to charge "the card on file" without keying in the number again.\*\**

Account Type:  Visa  MasterCard  Discover  AMEX  CareCredit\*\*

Cardholder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ / \_\_\_\_\_ CVV#: \_\_\_\_\_

Billing Address(If different): \_\_\_\_\_ Phone#: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**\*Please select a payment option: (If no option is selected – Full account balance will be charged)**

ONE TIME USE ONLY

KEEP CARD ON FILE FOR FUTURE USE

*(Any balance over 30 days will automatically be charged to the card)*

AUTOMATICALLY CHARGE CARD FOR ALL SERVICES

*(I understand my card may be charged for services without prior notification to me)*

**\*\*CARECREDIT ONLY:** Drivers license or another form of ID is required for **CareCredit** transactions if no expiration date or CVV available.

ID Exp Date: \_\_\_\_\_ / \_\_\_\_\_ State: \_\_\_\_\_ *(Forms of ID: Drivers License, Military ID, Photo ID etc)*

AUTHORIZED SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

*I authorize Kopec Veterinary Associates to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above or to keep the credit card on file with Kopec Veterinary Associates. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.*

THIS FORM WILL BE DESTROYED ONCE CREDIT CARD INFORMATION IS ENTERED