



**Steinbeck Country
Equine Clinic**

15881 Toro Hills Avenue
Salins, CA 93908
(831)455-1808

www.steinbeckequine.com

Credit Card Agreement

Steinbeck Equine Account # _____

Cardholder's Name _____
(Please print as appears on the card)

Street Address _____
(Location which credit card statement is mailed)

City _____ State _____ Zip _____

Check one box: MasterCard VISA AmEX Discover

Card number : _____ Exp. Date _____

Steinbeck Country Equine Clinic agrees to accept my credit card as a method of payment for my account. Should my credit card company deny my charges these charges are due and payable directly to Steinbeck Country Equine Clinic upon notification. Continued failure to get authorization for my charges will force Steinbeck Country Equine Clinic to remove my account for the credit card payment plan.

By signing this agreement, I understand and accept the terms and conditions of this credit card agreement and authorize Steinbeck Country Equine Clinic to debit my credit card for services provided.

Cardholder's Signature: _____ Date: _____