



PO BOX 355
COLUMBUS, TX 78934
www.f9equine.com

Client Information and Payment Policy

Thank you for choosing F9 Equine Clinic for your veterinary needs. In an effort to simplify your billing experience, but still allow you payment flexibility, we offer the following payment options: (select one)

****Option 1.** _____ (initial) Pay at the time of service. An itemized invoice will be provided.

Option 2. _____ (initial) I authorize F9 Equine Clinic to automatically charge my credit card for the balance on my account each month. The card will be charged on the last business day of each month for the current monthly charges. A statement and itemized invoice will be provided.

Option 3. _____ (initial) I hereby choose to manually pay my account balance. A statement and itemized invoice will be sent at the end of each month. Full payment is due within 30 days. After 30 days, account balances will automatically be charged to the credit card on file.

****New clients will be required to pay at the time of service during initial visit, but may select option #2 or #3 for future charges. F9 management will retain the right to require payment at the time of service for all clients if deemed necessary.**

F9 Equine Clinic accepts cash, check, and all major credit cards

Name: _____

Mailing Address: _____

Physical Address of Horses: _____

Phone #: _____ Secondary Phone: _____ May we text you? Yes / No

Email Address: _____ DL #: _____

Type of Card: Visa Mastercard Discover American Express

Name on Card: _____ CC #: _____

Expiration: _____ CVN #: _____

Billing Address (if different from above): _____

Please indicate your preference for receiving statements: Email (Digital) Mail (Paper)

I, the undersigned, authorize F9 Equine Clinic charge my credit card, indicated above, for any deposit or balance due on my account for veterinary services rendered. This authorization will remain in effect until I cancel this authorization. To cancel, I must give a 60-day notification to F9 in writing and the account must be in good standing. I understand that an interest rate of 1.5% will be applied monthly to any outstanding balances and there will also be a \$30 returned check fee applied when applicable.

Client Signature: _____ Date: _____