



# MEDDLETON EQUINE

## PERFORMANCE HORSE MEDICINE & SURGERY

### Credit Card PMT Authorization

In the event that I am not able to be present at the time of services, I hereby authorize Meddleton Equine, Inc to charge my credit card, described below, for all amounts owed unless other payment arrangements are made and agreed upon.

Name on Card		Credit Card Type	
Credit or Debit Card #		Expiration Date	
Cardholder Signature		Date	
Billing Address			