

Foundation Equine

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info@foundationequinenj.com

PAYMENT OPTIONS

Please check the payment option you prefer, and then return the completed, signed form to our office.

PAYMENT BY CREDIT CARD

I hereby authorize Foundation Equine to keep a credit card on file and to process any account balance on my card 10 business days after services are rendered to my horse(s).

OR

PAYMENT BY CASH OR CHECK

I would like to pay by cash or check and understand that to do so I must keep a valid credit card on file. I also understand that, if payment for services is not received within **10 business days** of service, the balance of my account will be charged to the credit card on file.

Please complete:

Name _____ Are you active military? ___ Yes ___ No

Address: _____ City _____

State _____ Zip Code: _____

Phone Number: _____ Cell: _____

E-mail Address _____

Credit Card Billing Address (if different from above):

City: _____ State: _____ Zip: _____

Card type: Visa MasterCard Discover

Credit Card #: _____ Expiration: _____

Please note: Any balance greater than 40 days past the invoice date will incur an 18% annual interest charge billed to your account at 1.5% per month.

Signature _____ Date _____

Please verify the above information, sign, and return this form to our office.

Thank you!

Rita