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Credit Card Payment Guarantee Form

Required: Authorize Withdrawal for Delinquent Balances

Irongate Equine Clinic requires a major credit card to be placed on file as payment guarantee for all services rendered. By signing this form, you are authorizing Irongate Equine Clinic to consider this credit card "on file" to be used to guarantee payment of your full balance. Any balance from Irongate Equine Clinic providing services and/or products that is not paid within 60 (sixty) days of the date of service will be paid by the use of this credit card, including subsequent service charges. You will be notified by phone or email prior to activating a payment guarantee charge.

I, _____, give permission to Irongate Equine Clinic to keep my credit card information on file to use as a guarantee payment of past due invoices. This Credit Card Payment Guarantee Form authorizes Irongate Equine Clinic to apply charges to this card when invoice payments are delinquent (60 days past the date of service). By my authorizing signature below, I am agreeing that charges placed on this credit card for products, services and/or service charges are non-refundable and non-cancelable by me or any party authorized on this credit card.

Name on Card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Credit Card # (MC, Visa or Discover): _____

Expiration Date: _____ 3 digit code on back of card: _____

Optional: Authorize Automatic Withdrawals

I authorize Irongate Equine Clinic to run my full balance and send me an itemized receipt:

____ Immediately following any services.

____ On the 10th of each month following any services.

Signature _____ Date: _____

Credit card information is stored on secure, password protected software. If you have any additional questions or concerns, please do not hesitate to contact us via **E-mail:** Info@IrongateEquine.com or **Phone:** (608) 845-6006