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Credit Card Payment Guarantee Form

Required: Authorize Withdrawal for Delinquent Balances

Irongate Equine Clinic requires a debit or 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 (or another updated 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 the "on file" 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 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 the "on file" card when invoice payments are delinquent (60 days past the date of service).

Name on Card: _____

Billing Address: _____ Email Address: _____

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

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

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

****If a new card needs to be provided, a new form will not be required. Clients may update the "on file" credit cards verbally and approve authorization, as long as a previous form is on file.****

Optional: Authorize Automatic Withdrawals

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

- 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