

**Success In Motion Veterinary Services**  
**Erin Kennedy, DVM**



3523 W Woolard Rd  
Colbert, WA 99005

(509) 995-5103  
successinmotionvet@msn.com

**Client Credit Card Authorization**

To better serve our clients and simplify your billing experience, Success In Motion Veterinary Services offers credit card acceptance. Charge card information is filed with your confidential client information and kept secure with encryption software through Gravity Payments or Intuit.

OPTIONS

\_\_\_\_\_ (initial) I hereby authorize Success In Motion Veterinary Services to charge the balance due on my account as services are rendered. An invoice and payment receipt will be emailed to you for your records.

\_\_\_\_\_ (initial) I would like to put a credit card on file for emergencies OR if I am unable to be present at the exam. However, for routine appointments I prefer to manually pay my account balance at the time of service with another form of payment.

\*Balance for services is due at the time of service. After 30 days, balances are considered past due and will be charged a \$25 late fee. Past due account balances will automatically be charged to the card on file. Past due balances of 90 days will be sent to collections.





PAYMENT INFORMATION

Client Name: \_\_\_\_\_

Client Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Type of Card:        

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_  
(last three digits on card, last four on AMEX)

The undersigned guarantees performance of the financial provisions of this agreement.

Card Holder Name: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_ Date: \_\_\_\_\_

