

**LEBANON EQUINE CLINIC**  
1200 Oregonia Road  
Lebanon, OH 45036  
Phone 513-932-4181 Fax 513-932-8340  
[www.lebanonequineclinic.com](http://www.lebanonequineclinic.com)



**MONTHLY CREDIT CARD PAYMENT AUTHORIZATION**

We are pleased to offer the convenience of automatic bill payment services. With your signed approval, we will process your credit card on the last working day of each month. Enrolling is easy and your information is secure. Simply complete this form and mail it to: Lebanon Equine Clinic, 1200 Oregonia Road, Lebanon, OH 45036 or fax it to: 513-932-8340.

I hereby authorize Lebanon Equine Clinic to charge my credit card account listed below to pay my bill.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Phone \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Type (please circle):            VISA            MasterCard            Discover            American Express

V-Code (3 digit number on back of card) \_\_\_\_\_

Expiration Date \_\_\_\_\_