



DANIEL FORDHAM, DVM
306 EUBANKS ROAD MONROE, NC 28112
980-721-2175

CREDIT CARD AUTHORIZATION

NAME AS IT APPEARS ON CARD: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

SECURITY CODE: _____

BILLING ZIP CODE: _____

I, _____, authorize Fordham Equine Mobile Veterinary Services, PLLC to charge my credit card above for agreed upon purchases and services. I understand that my information will be saved on file for future transactions on my account.

SIGNATURE: _____

DATE: _____

**RETURN TO:
CUSTOMERSERVICE@FORDHAMEQUINE.COM**