

**CALIFON ANIMAL HOSPITAL
421 COUNTY ROUTE 513
CALIFON, NEW JERSEY 07830
PHONE: 908.832.7523 FAX: 908.832.9473**

**IN ORDER TO PROVIDE YOU WITH AMBULATORY SERVICES WE MUST HAVE
A CURRENT CREDIT CARD ON FILE
WITH SIGNED AUTHORIZATION TO CHARGE**

WE ACCEPT VISA, MASTERCARD AND DISCOVER
Please note we do not accept American Express

Our current billing options include payment at time of service or automatic credit card charges at the end of the billing cycle.

**EITHER WAY WE NEED A CREDIT CARD ON FILE
WITH AUTHORIZATION TO CHARGE.**

Currently billing statements go out at the beginning of each month. You will have until the end of the month, on or about the 30th, to review your invoice for accuracy and resolve any questions you may have regarding your charges. After that time if you have not made payment by check, we will charge your card.

TO AUTHORIZE AUTOMATIC CREDIT CARD PAYMENT ON YOUR ACCOUNT

To authorize automatic payment, please sign below and supply a current credit card number, expiration date and security code (last 3 digits on the back of your card). If you wish to set an authorized dollar limit please specify one below. If your statement exceeds the limit we will charge the limit and wait for your authorization to charge the remainder of the balance.

If you have any questions please call our office at 908-832-7523.

Date: ____/____/____

Authorization Limit (if any): \$ _____

Name on Card (please print): _____

Signature: _____

Address where card billed: _____

Credit Card number: _____

Expiration Date: ____/____/____ Sec Code: _____ (3 digits on back)

Please try to keep us updated when cards expire or are replaced or have new expiration dates.