



PINE BUSH

EQUINE SERVICES + VETERINARY HOSPITAL

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Name: _____ Acct: _____

Address: _____

Phone: _____

Location of horses:

Credit Card
Discover Amex Mastercard Visa

Card Number: _____ Exp. Date _____ Sec. Code _____

Billing Address (if different from mailing)

I understand that the credit card provided above will be kept on file for the purpose of securing an account with Pine Bush Equine. I also understand that this card will be used should my account become past due by more than 30 days after the billing cycle ends.

Signature _____

Printed Name: _____