



**Crum Equine Veterinary Service**  
 1875 Rainbow Drive NW, Lancaster, OH 43130  
 740-653-6000 | [www.crumequine.com](http://www.crumequine.com)

**Payment Options Authorization Form**

**Please choose one of the following payment options, sign, date and submit to Crum Equine Veterinary Service. Thank you.**

**1. Pay At The Time Services Are Rendered**

We accept cash, checks, Visa, Mastercard, Discover, American Express, and CareCredit. (Clients with horses at a boarding or training stable must either leave one of the above forms of payment at the stable each time services are rendered or choose one of the next three payment options.) Returned check fee \$35.00.

**2. Pre-approved Credit Card Payment**

We will keep this credit card on file to charge it each time services are rendered, then mail a receipt along with an itemized list of services purchased.

**3. Charge Monthly Account**

We will keep this credit card on file. On the 25<sup>th</sup> of the month, we will send a statement for you to review. If we have not received payment in full by the 20<sup>th</sup> of the following month, we will charge the full balance owed to this credit card. In the event of a payment schedule, a monthly interest fee of 1.5% (18% annual) will be charged on any remaining balance.

**4. CareCredit Account**

CareCredit # \_\_\_\_\_

We will keep your CareCredit number on file and charge your account each time services are rendered, then mail a receipt along with an itemized list of services purchased.

If you do not currently have a CareCredit account, visit our website at [www.crumequine.com](http://www.crumequine.com) and click on CareCredit Apply Now or call CareCredit directly at 1-800-677-0718.

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 Credit card # \_\_\_\_\_ MC \_\_ Visa \_\_ AmEx \_\_ Discover \_\_

Expiration date \_\_\_\_\_

Name on front of card \_\_\_\_\_

Address credit card statement is mailed to:

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

**I have chosen payment option # \_\_\_\_\_ and provided the necessary information.**

Printed name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_