



KOPEC VETERINARY
ASSOCIATES, P.C.

55 Prospect Road
Elizabethtown, PA 17022
717-361-8700

Credit Card Payment Authorization Form

KVA Auto Ship Medication Request

Please sign and complete this form to authorize Kopec Veterinary Associates to make a debit to your credit card for medications that you would like placed on auto ship.

The form only needs to be filled out one time. No additional payment information is required for future "auto ship" medications. By signing this form you give us permission to debit your account for the cost of the requested medications.

If you would like to cancel auto ship you may do so at any time by calling the KVA office (717-361-8700) or by e-mail (kvaequine@gmail.com).

This form is to be used for auto ship medications only. This form is NOT to be used for veterinary services rendered.

Please complete the information below:

*** Form may be faxed (717-361-8708) or e-mailed (kvaequine@gmail.com) to the KVA office.**

Account Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX	<input type="checkbox"/> Care Credit
Cardholder Name	_____				
Account Number	_____				
Expiration Date	____ / ____	CVV #	_____		
Billing Address	_____	Phone#	_____		
City, State, Zip	_____	Email	_____		

SIGNATURE _____

DATE _____

I authorize Kopec Veterinary Associates to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods on "auto-ship." KVA will keep the credit card on file. I certify that I am an authorized user of this credit card and that I understand the terms and conditions as outlined with my credit card company.