



**Dr. Penny D. Grove, LLC**

P.O. Box 170  
Felton, PA 17322-0170

Phone/Fax: (717) 246-9081  
Email: drpennygrove@earthlink.net

**Credit Card Authorization/Payment Terms**

Owner Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Cardholder Name (if different): \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ (mm/yy)

Card Type: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_

3 Digit Security Code (on back of card): \_\_\_\_\_

Card Billing Street Address: \_\_\_\_\_

Card Billing City/State/Zip Code: \_\_\_\_\_

Cardholder Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Cardholder Email: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Amount of Charge: \$ **OPEN / PAYMENT ON ACCOUNT**

You agree to pay the charges associated with the veterinary services rendered to your animal(s). You also agree to pay all charges incurred during any periods when payment for such charges is pending determination by a third party. All charges for goods and services are due and payable at time of service. Payment(s) may be made by cash, check, Visa, MasterCard or Discover. All charges not paid within 30 days of invoice date will be subject to a finance charge of 2.0% per month (24% annual rate), minimum charge of \$2.00. Dr. Penny D. Grove, LLC will discontinue providing veterinary services until prior services are paid in full. Should your account reach 60 days past due, it will be referred to collection. You agree to pay all attorney fees, court costs, collection costs and all other expenses which may be incurred in collecting past due balances or uncollected checks. The fee for all returned checks and declined credit cards will be \$35.00. Any disputed amount must be reported to Dr. Penny D. Grove, LLC in writing within 7 days of the original invoice date or we hereby forever waive any such claim.

All outstanding charges will be processed on the 1st and 15th day of the month, with receipt to be sent by email or fax. I understand that by signing this form I am hereby authorizing Dr. Penny D. Grove and her staff to charge my credit card for the amount confirmed above. I hereby affirm that I am legally able to authorize this sale and agree to pay the above total according to the card issuer agreement. I authorize receipt of said goods/services and understand that all sales are final.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_