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AUTOMATIC CHARGE AUTHORIZATION

I do hereby authorize Franklin Equine Services, LLC to bill my VISA, MASTERCARD, OR DEBIT (circle one) for (check one)

_____ 1. Single payment

_____ 2. Automatic payment on the 10th of the month of statement issued.

CREDIT CARD #: _____

EXPIRATION DATE: _____

3 DIGIT SECURITY CODE: _____

I understand that this authority will remain in effect until cancelled by either party within 30 days written notice.

Name: _____

Signature: _____

Address: _____

All information will remain in a secure environment.