

Providing equine
reproductive &
veterinary services



PAYMENT AUTHORITY

I agree to have my account paid using the details below:

VISA OR MASTERCARD: _____

Cardholder number: _____

Cardholder name: _____

Expiry Date: _____

CVC: _____

Cardholders Signature: _____

Date: _____

Client Email Address for Receipt: _____

Please return this completed form by email (info@over.net.au).

