



Customer Payment Authorization: Master Card/Visa/Discover

Mare Owner Name: _____

Name as it appears on the card: _____

Exact Credit Card Billing Address: _

Address 1: _____

Address 2: _____

City, State, Zip: _____

Daytime Phone: _____ Fax # _____

Master Card Visa Discover (Please circle one)

Card Number: _____

Expiration Date: _____ 3 Digit Security Code: _____

I authorize the following fees to be charged, from time to time, to my Credit Card account, upon prior telephone authorization by me or my agent:

BOOKING FEE.....☐

BALANCE OF BREEDING FEE.....☐

SHIPPED SEMEN FEE.....☐

OTHER CHARGES.....☐

All credit card charges are subject to a 3 % office fee.

Name: Printed or Typed _

AUTHORIZED SIGNATURE

DATE