



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