



Customer Payment Authorization: Master Card/Visa/Discover

Mare Owner Name _____

Name as it appears on card: _____

Exact Credit Card Billing Address:

Address 1 _____

Address 2 _____

City, State, Zip _____

Daytime Phone: _____ Fax Number: _____

Master Card Visa Discover (circle one)

Card Number _____

Expiration Date: _____ 3 Digit Security Code _____

I authorize the following amounts to be charges to my Credit Card account listed above for:

Booking Fee.....	\$ _____
Balance of Breeding Fee.....	\$ _____
Shipped Semen Fee.....	\$ _____
Other Charges	\$ _____
3% Service Fee	\$ _____
Total amount to charge to card	\$ _____

Name : Printed or Typed _____

Authorized Signature

Date

Reference Service Stallion: _____

Reference Service Mare: _____