



CREDIT CARD AUTHORIZATION

Mare Owner name: _____
Name as it appears on card: _____

Credit Card Billing Address:
Address: _____
City, State, Zip: _____
Daytime Phone: _____ **Fax:** _____

MasterCard

Visa

Discover

Card Number: _____
Expiration Date: _____ **3 Digit Security Code:** _____

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

Booking Fee	\$	_____
Balance of Stud Fee	\$	_____
Shipped Semen Fee	\$	_____
Courier Fee (Airport)	\$	_____
Chute Fee (Futurity)	\$	_____
Subtotal	\$	_____
 4% Service fee (Credit Card)	 \$	 _____
Total Amount Charged	\$	_____

Authorized Signature

Date

Stallion Name: _____
Mare Name: _____