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CREDIT CARD PAYMENT AUTHORIZATION

Mare Name _____ Reg. # _____
Service Stallion _____
Owner Name _____

Credit Card Billing Address

Name on Card: _____
Address: _____
City, State, Zip _____
Ph: _____ Fax: _____
Cell: _____

Card Number _____
Ex. Date _____ 3 # code _____

Card Type

Visa Mastercard Discover Amex

* I agree to the following charges on my Credit Card Account.

Breeding Fee \$ _____

Booking Fee \$ _____

Shipped Semen Fee \$ _____

Other \$ _____

Total amount charged \$ _____

Signature

Date