

Credit Card Authorization Form

Please sign and return this form to: Griffey Equine Center, Inc. 975 Putnam Rd SW, Pataskala, OH 43062 PH: 740-964-9131 Fax: 740-964-0898

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Mare Owner Name				
Exact Credit Card I	_			
Address 1:				
City, State, Zip:				
Phone Number:				
Master Card	Visa	Discover	(Circle One)	
Credit Card Numbe	er:		· · · · · · · · · · · · · · · · · · ·	
Expiration Date:	xpiration Date: 3 Digit Security Code			
number as listed a	bove for:			
Booking Fee			\$	
Balance Breeding F	Fee		\$	
Shipped Semen Fee	e(s)		\$	
Other Charge(s)			\$	
Total Amount to Charge to Card \$				
(3.5% credit card co			2 124 1 4 - \	
	onvenience is	ee wiii be added i	or credit card payments)	
Name:				
Name:				