



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: 740-964-0895

Mare Owner Name: _____

Name on Credit Card: _____

Exact Credit Card Billing Address:

Address 1: _____

Address 2: _____

City, State, Zip: _____

Phone Number: _____

Fax Number: _____

Master Card Visa Discover (Circle One)

Credit Card Number: _____

Expiration Date: _____

**I authorize Griffey Equine Center, Inc. to charge my credit card for all services,
board and other related charges incurred on behalf of my horse(s) while in the care
of Griffey Equine Center, Inc.**

Type of Transaction _____

Total Amount to Charge to Card \$ _____

(3% credit card convenience fee will be added for credit card payments)

Name: _____

Authorized Signature

Date