



## 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 the following amount(s) to be charged to my Credit Card account number as listed above for:**

Booking Fee      \$ \_\_\_\_\_

Balance Breeding Fee      \$ \_\_\_\_\_

Shipped Semen Fee(s)      \$ \_\_\_\_\_

Other Charge(s)      \$ \_\_\_\_\_

**Total Amount to Charge to Card**      \$ \_\_\_\_\_

(3.5% credit card convenience fee will be added for credit card payments)

Name: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

Mare Name: \_\_\_\_\_

Service Stallion: \_\_\_\_\_

