



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

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: _____ 3 Digit Security Code _____

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: _____