

CREDIT CARD AUTHORIZATION FORM

I authorize Indian Hills Farm d/b/a Bergen Equestrian Center to charge my credit card for the reason/fees stated below:

Date:

Card Holder Name: _____

Credit Card Type: _____

Credit Card #: _____

Expiration Date: _____

Billing Zip Code: _____

3 Digit Security Code: _____

Email Address: _____

Signature: _____

Printed Name: _____

Accepted By: _____

Permissible Charges (please list i.e. board, farrier, vet, etc): _____

One Time Use of Credit Card or Recurring: _____