



Credit Card Authorization Form

Please fax or mail form to:

Fields Quarter Horses, LLC

PO Box 85

Walton, KY 41094

(859) 380-8944

205 Bracht-Piner Rd

Crittenden KY 41030

fax (859) 356-0824

www.fieldshorses.com

I authorize the following charges to be made to the credit card listed below:

____ Booking Fee

____ Breeding Fee

____ Equitainer Deposit

____ Shipped Semen Charges

____ Mare Care/ Farm Fees

____ Vet Exams/Ultrasounds/Vet Expenses

____ Other _____

____ Credit Card Expiration Date

Credit Card: ____ Visa ____ Mastercard ____ CVV Code from back of card

Credit Card Number _____

Name as it appears on Card _____

Billing Address of Card _____

Signature of Cardholder _____