



## 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](http://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: \_\_\_\_ Visa                      \_\_\_\_ Mastercard

Credit Card Number \_\_\_\_\_

Name as it appears on Card \_\_\_\_\_

Billing Address of Card \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_