

Credit Card Authorization Form – Stallion Services, Inc.

This form is used to authorize Stallion Services, Inc. to charge your credit card for semen shipments. Your account will be charged on the day the semen is shipped. Please fill out this form completely and return it to us via fax at (330) 889-2283. Please call Robin or Neil DeRue if you have any questions

Stallion Services, Inc. Equine Reproduction Lab
4009 GP Easterly Rd
West Farmington, OH 44491
330 889 2282 (voice)

CREDIT CARD INFORMATION:

Credit Card Type: MasterCard VISA Discover

Card Number: _____ Exp. Date: _____

Card Security Value: _____ (See back of card for 3 digit number on signature strip)

Name on Card: _____ Telephone: _____

Credit Card Billing Address (where you receive your credit card statements):

Street: _____

City: _____ State: _____ Zip Code: _____ Country: _____

ACCOUNT INFORMATION:

Customer or Farm Name: _____

Address: _____

Horse Name(s): _____

Authorization : I hereby authorize Stallion Services to charge my card for the costs pertaining to breeding services.

Comments: _____

I agree to pay the above credit card charges in accordance with the Card Issuer Agreement.

Cardholder Signature: _____ Date: _____