

Credit Card Authorization Form

Name _____

Address _____

City _____ State _____ Zip Code _____

Credit Card Number _____

Expiration Date _____

Security Number _____

This form will authorize The Park Lane Equestrian Center to charge on a monthly basis the amount of the board plus any extras authorized by me including but not limited to:

Boarding Fees

Shots and Worming Fees

Misc. Charges made by me or a member of my family

Items purchased in the Tack store

Additional services I requested from Park Lane Equestrian Center

Training / Lessons

Farrier services

Card Holders Signature _____

Date _____