



**FOX  
CANYON  
FARM**  
EQUESTRIAN CENTER

## Credit Card Payment Authorization Form

Owner name\* \* = required field

Horse name\*

Mobile phone\*

Other phone

Services/Items\*

Total\*

Cardholder name as it appears on credit card\*

Card type\*

VISA

DISCOVER

MASTERCARD

Credit card number\*

Expiry date\* (MM/YY)

Security code\*

Billing address / Street\*

City\*

State\*

Zip code\*

Initial here\* ..... to authorize Fox Canyon Farm, LLC to keep my credit card on file and charge my card for any unpaid balances and to pay my bill every month , unless paid by another method.

By signing below, I authorize Fox Canyon Farm, LLC to charge my credit card for the amount indicated above or on an ongoing basis if initiated above.

Date\* (MM/DD/YY)

Cardholder signature\*