

Jan Martin Equine Management
P.O. Box 475
Buellton, CA 93427

AUTHORIZATION FOR CREDIT CARD USE

Client: _____

Client Account Number _____

Amount to be Charged today \$ _____

Charge statement balance monthly yes or no

_____ Visa _____ MasterCard _____ American Express _____ Discover

Card Holder Name _____

Credit Card Number _____

Expiration Date _____ Security Code _____

Credit Card Billing Address _____

I authorize Jan Martin Equine Management to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder Signature _____

Date _____

Print Name _____

Please return this form to jmequinemanagement@hotmail.com or by fax to (805)693-0535 or to PO Box 475, Buellton, CA 93427