

Credit Card Authorization Form

This form is used to authorize Rooker Training Stable, inc. to charge your credit card for ongoing shipments of semen, after the first shipment, via credit card. Please fill out this form completely and return it to us via fax at (810) 629-5730 or via US Mail at the following address:

Rooker Training Stable, Inc.
ATTN: Payment Processing
14042 Iroquois Woods Dr.
Fenton, MI 48430

Credit Card Information:

Credit Card Type: ___ Visa ___ MasterCard

Credit Card Number: _____ Exp. Date: _____

Card Security Value: _____
(See back of card for 3 or 4 digit number on signature strip)

Name on Card: _____

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

Street: _____

City: _____ State: _____ Zip Code: _____

Automatic Payment (Optional):

I would like to automatically pay for my Rooker Training Stable, Inc. services each month with this credit card. (Please enter your initials): _____

Rooker Training Stable, Inc. Account Information

Customer or Farm Name: _____

Address: _____

Horse Name (s): _____

Authorization

I hereby authorize Rooker Training Stable, Inc. to charge the current semen shipment rate as defined in the breeding contract for each shipment via the scheduled courier requested.

Comments: _____
In addition, if I have initialed the automatic payment section above, I authorize Rooker Training Stable, Inc. to charge my card during the first week of each month for all fees due that month for the services I have contracted to , until I notify them otherwise in writing. I understand that the fees due will include the regular monthly fees for that month, and may include additional fees from the previous month. I also understand that eh first charge placed on my card will include the balance already due on my account, if any.

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

Cardholder Signature _____ **Date:** _____