



## Credit Card Authorization Form

Name On Card		Card Number			
Expiration Date	Security Code	Type (circle)			
		Visa	Master Card	American Express	
Billing Address		City	State	Zip	

I authorize **Silver Creek Farms** to charge above credit card for grooming services and necessary tack. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

---

Signature

Date

I authorize **Sapulpa Equine Hospital** to charge above credit card for veterinary care. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

---

Signature

Date

I authorize that the above credit card be charged for farrier services. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

---

Signature

Date