

CREDIT CARD AUTHORIZATION FORM

I authorize Indian Hills Farm D/B/A Bergen Equestrian Center to charge my credit card for the reason/fees stated below:

Date _____

Card Holder Name: _____

Credit Card # _____

Expiration Date _____

Billing Zip code _____

3 Digit Security Code _____

Email Address _____

Signature _____

Printed Name: _____

Accepted By: _____

Permissible Charges: (please specify as a list i.e. boarding, farrier, vet, etc.):

One Time Use of Credit Card or Recurring:
