

Today's Date: _____



Customer # _____

PAYMENT INFORMATION

My Cashier's Check or Money Order (made payable to: "American Horse Appraisals") is enclosed.

Please charge \$ _____ to my:



Name on Card: _____

Card #: _____ Exp. Date: _____

3 Digit CSC Code (Located on the back of card): _____ Billing Zip Code: _____

Daytime Phone: _____

Authorizing Signature: _____ Date _____

Mail To: **AMERICAN HORSE APPRAISALS**
P.O. Box 736
Lake Elsinore, CA 92531-0736