

## Southern Equine Services

2202 Hwy 61 Columbiana, AL 35051      Office: (205) 669-9118  
Email: southernequine@rocketmail.com

### 2026 Credit/Debit Card To Be Held For Services

Owner Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Driver License # & State: \_\_\_\_\_ Alt. Phone #: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Name(s) of Horse(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, attest that I am the owner or authorized representative for the above mentioned horse(s). I warrant and guarantee that I, the undersigned, have full authority to enter into this contract and am the party responsible for all terms and conditions hereof, including prompt payment of all charges. I also hereby attest that I am fully authorized to allow charges on the credit/debit card listed below for services to be rendered by Southern Equine Services for the above listed horse(s). The credit/debit card below is authorized to be held by Southern Equine Services and will be charged for all services rendered to the above horse(s) by Southern Equine Services *if an alternate form of payment is not provided.*

**Please check box for preferred payment method for all incurred charges:**

☐ **CREDIT/DEBIT CARD on file to be held for services (plus 3% processing fee on credit cards)**

☐ **CASH OR CHECK (Only use card as secondary payment method)**

Card Holder Name (As Shown on Card): \_\_\_\_\_

Billing Address (If Different from Owner): \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**IF DIFFERENT FROM OWNER/BILLING INFORMATION:**

Address of Authorized Signatory: \_\_\_\_\_

Phone # of Authorized Signatory: \_\_\_\_\_