



CREDIT CARD AUTHORIZATION FORM

Card Type: Visa___ M.C.___ Discover___ Am. Express___

Card Number: _____

Card Verification Number: _____ **Expiration:** _____

Name as appears on card: _____

Billing Address: _____

E-mail: _____

Telephone: _____

Payment Schedule: One-Time___ -or- Recurring___

I understand the credit card policy and authorize Eagle Lake Farm LP to use this information for payment on my account. Recurring payments will be charged on the last day of the month. All credit card charges are subject to a 3% processing fee.

Signature: _____

Print: _____

Dated: _____

In Reference to:

Horse(s): _____

Owner: _____

Eagle Lake Farm LP

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