



NELLIE GAIL RANCH

EQUESTRIAN CENTER

Credit Card Authorization

PRINT AND COMPLETE THIS AUTHORIZATION FORM AND RETURN

All information will remain confidential

Credit Card Information

Name on Card:		Account #:	
Billing Address:			
City:		State:	Zip:
Credit Card Type:	_____ Visa _____ AmEx _____ Mastercard _____ Discover		
Credit Card Number:			
Expiration Date:		CVC: <i>(3 digits located on the back of card)</i>	
Amount Due:	\$ _____	_____	One-Time Charge
3% Credit Card Fee:	\$ _____	_____	Reoccurring Charge*
Total Amount to Charge:	\$ _____	_____	Charge total amount due each month** <i>Initial here ** If different from standard boarding rate, due to additional services rendered and agreed upon by owner</i>

** Reoccurring charges will be paid on the 25th of each month. Charges will be applied as agreed upon in the Boarding Agreement.

I authorize NELLIE GAIL RANCH EQUESTRIAN CENTER to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder - Please Sign and Date

Signature: _____

Print Name: _____

Date: _____

Nellie Gail Ranch Equestrian Center

25202 Nellie Gail Road - Laguna Hills, CA 92653
(949) 425-1477 - Equestrian@NellieGailRanch.org