



Authorization for Credit Card Use

Send Via e-mail to info@miamiequestrianclub.com; or print & bring to
11970 SW 64th Street, Miami, FL 33183

All information will remain confidential

Name on Card: _____

Billing Address: _____

Credit Card Type: ___ Visa ___ Mastercard ___ Discover ___ AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (Last 3 digits located on the back of the credit card)

Amount to Charge: \$ _____ (USD) (+ any applicable taxes, or fees)

I authorize "The Ranch at Horse Country" (Miami Equestrian Club) to monthly charge for the boarding period, 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: _____

Date: _____

Print Name: _____