

16003 Via de Santa Fe  
P.O. Box 9475  
Rancho Santa Fe, CA 92067-4475  
Tel. (858) 759-9874 FAX (858) 759-9876  
www.AlbertCourt.com

## Credit Card Authorization Form

I, \_\_\_\_\_ (name of Authorizing Person) hereby certify that I am an authorized user of the card described below. And I authorize Albert Court, Ltd. to charge to my credit card the agreed upon horse board and other related charges as invoiced monthly, on the 1st of every month. The total amount is to be charged to my credit card.

### Credit Card Information

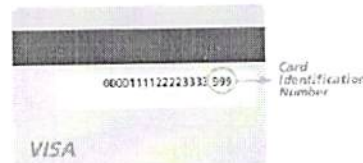
Cardholder's Name

Credit Card Type  Visa  Mastercard

Credit Card Number

Expiration Date:  /

CVV Code:



### Billing Address

Street Address

City  State  Zip

Billing Phone  -

### Authorizing Signature

Cardholder's signature \_\_\_\_\_

One time authorization  Automatic monthly (recurring) authorization

\_\_\_\_\_ Amount to be charged