



Sound Equine Credit Card Authorization

Name: _____ Phone: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Option 1

I authorize Sound Equine to keep my Credit Card number on file and charge it whenever needed for services rendered, at the time of service.

Signed _____ Date _____

Option 2

I authorize Sound Equine to keep my Credit Card number on file and charge it whenever needed for services rendered, at the time of service, Up to \$ _____ *without the need to call me first.*

Anything above this amount please call me first.

Signed _____ Date _____

Name on Credit Card: _____

Credit Card Number: _____ CVV # _____

Expiration
Date: _____ VISA M/C AMEX Care
Credit

Signed _____ Date _____