

Gene Parker Farms, LLC

Customer Payment- MasterCard/Visa Authorization Form

This form may be signed and returned via mail to:
Gene Parker Farms 584 S. Creek Rd. Orrum, NC 28369
or fax to: 910-738-9569

Date: _____

Mare Owner: _____

Address: _____

City, St. Zip _____

Phone: _____ Cell: _____

Master Card or Visa (Circle One)

Card Number: _____

Expiration Date: _____ Security Code _____

I authorize the following amount (s) to be charged to my Master Card/Visa account number as listed above for:

2008 Booking Fee _____ \$ 500.00
(stallion)

2008 Balance Breeding Fee \$ _____

Shipped Semen Fee \$ _____

Other Charge (s): _____ \$ _____

Total Amount Charged to Card \$ _____

Name- Printed or Typed: _____

Authorized Signature

Date