

I _____ Authorize Moonlark Inc. (dba Equine Extravaganza)
(Name)
to charge my credit card for services rendered.

Not to exceed the amount shown.

REFERENCE _____

AMOUNT \$ _____ USD.

ATTACH RECEIPT HERE

CREDIT CARD TYPE _____

CREDIT CARD # _____

CARD CV2 # _____

(3 digit security code for MC and Visa, 4 digit code for AMX)

EXPIRATION DATE ____/____

BILLING ADDRESS _____

City _____ State _____

BILLING ZIP CODE _____

NAME ON CARD _____

(As it appears on card)

SIGNATURE

DATE

FAX OR MAIL TO:

Equine Extravaganza

640 Owl Ct.

Arnold, MD 21012

410-349-9333 Office

410-510-1306 Fax

www.equineextravaganza.com

info@equineextravaganza.com

DO NOT WRITE BELOW. COMPANY USE ONLY.

NOTES:

