

# Credit Card Authorization Form

This form is used to authorize Stachowski Farm, Inc. to charge your credit card for ongoing shipments of semen, after the first shipment, via credit card. Please fill out this form completely and return it to us via fax at (330) 274-3598, or via US Mail at the following address:

Stachowski Farm, Inc.  
ATTN: Payment Processing  
12561 S.R. 44  
Mantua, OH 44255

## Credit Card Information

Credit Card Type:  AMEX  Discover  MasterCard  VISA

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Card Security Value: \_\_\_\_\_  
(See back of card for 3 or 4 digit number on signature strip)

Name on Card: \_\_\_\_\_

Credit Card Billing Address (where you receive your credit card statements):

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

## Automatic Payment (Optional):

I would like to automatically pay for my Stachowski Farm, Inc. services each month with this credit card. (Please enter your initials): \_\_\_\_\_

## Stachowski Farm, Inc. Account Information

Customer or Farm Name: \_\_\_\_\_

Address: \_\_\_\_\_

Horse Name(s): \_\_\_\_\_

## Authorization

I hereby authorize Stachowski Farm, Inc. to charge \$250.00 for each semen shipment via FedEx and \$375.00 for each shipment via the scheduled airlines requested.

Comments: \_\_\_\_\_  
In addition, if I have initialed the automatic payment section above, I authorize Stachowski Farm, Inc. to charge my card during the first week of each month for all fees due that month for the services I have contracted to, until I notify them otherwise in writing. I understand that the fees due will include the regular monthly fees for that month, and may include additional fees from the previous month. I also understand that the first charge placed on my card will include the balance already due on my account, if any.

I agree to pay the above credit card charges in accordance with the Card Issuer Agreement.

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_