

VICTORY HILL FARM INC.

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LAGRANGE, IN 46761

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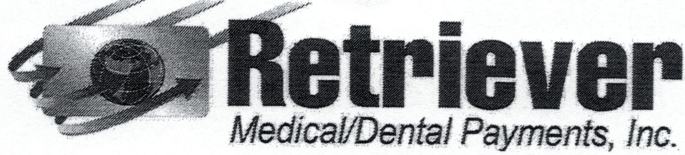
Dear Breeder,

Thank you for your interest in our stallion(s). Enclosed are the application/ breeding contract(s) and the Credit Card Authorization Form. Please read them carefully, fill out completely and return them promptly to our office.

We look forward to a successful breeding season. If you have any questions please call.

Thank you,

Victory Hill Farm



Pre-Authorized Healthcare Form

I authorize VICTORY HILL FARM INC to keep my
(name of healthcare provider)

signature on file to charge my credit card account as indicated below:

Check One: ☐ MasterCard ☐ Visa ☐ Discover ☐ Other

☒ For the Balance of Charges not paid by check by the 30th of the month. **A 5% credit card usage fee will be added to the balance.**

I understand that this form is valid for one year unless I cancel this authorization through written notice to the healthcare provider.

Client Name _____

Cardholder Name _____

Cardholder Billing Address _____

City _____ State _____ Zip _____

Account # _____ Exp _____ Sec Code _____

(last 3 digits on back)

Cardholder Signature _____ Date _____