CREDIT CARD AUTHORIZATION FORM

Barnes Performance Horses LLC ("Company") requires all customers to maintain a valid credit card on file. In the event that any charges on your account remain unpaid for more than **30 days past the invoice date**, the Company is authorized to charge the card listed below for the **full outstanding balance**. You will receive advance notice prior to any charge being processed, as well as a receipt following the completed transaction.

By completing and signing this form, you authorize Barnes Performance Horses LLC to charge the credit card listed below for any unpaid amounts due under your account according to the terms described above.

_____

Billing Information

Billing Name: _____
Billing Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone Number: _____
Email: _____

_____

Credit Card Information

Card Type (Select One): □ VISA □ MasterCard □ Discover □ American Express

Name as It Appears on Card: _____

Card Number: _____

Expiration Date: _____ **CVV:** _____

_____

Authorization and Signature

By signing below, I certify that:

- I am the authorized cardholder of the above-listed credit card;
- I authorize Barnes Performance Horses LLC to charge my card for any outstanding amounts due on my account that remain unpaid for more than 30 days;
- I understand that this authorization will remain in effect until I provide written notice of cancellation or until all amounts owed to the Company have been paid in full;
- I agree to promptly notify the Company of any changes to the above credit card information.

Cardholder Signature: _____

Date: _____