



Credit Card Charge Authorization Form

Please complete and fax back to Rooker Training Stable: (810)629-5730.

*Company: _____

*Contact Name: _____

*Mailing Address: _____

*Email Address: _____

Fax Number: _____

*Telephone Number: _____

(*) indicates required fields must be filled out completely.

Credit Card Information

Card Type (Please circle one): Visa Master Card

Card Number: _____

Expiration Date: _____

Security Code: _____ (located on the back of card)

I, _____, authorize Rooker Training Stable to use the above referenced credit card account for payment of services to Rooker Training Stable as described in the signed contract agreement and/or invoice.

Cardholder Signature/Charge Authorization: _____

Date Authorized: _____

Shawn and Carmelle Rooker ♦ 14042 Iroquois Woods ♦ Fenton, MI 48430 ♦ 810-629-6169