

AYA

AllocateYourAssets

Payment Authorization

If paying by check, please make out check to: "ALLOCATE YOUR ASSETS"

If paying by credit card, fill out form below
VISA OR MASTERCARD ONLY

Mare Owner Name: _____

Name as it appears on card: _____

MASTERCARD VISA (Please circle one)

Card Number: _____

Expiration Date: _____ 3 Digit CRV Security Code: _____

Exact Credit Card Billing Address:

Address 1: _____

Address 2: _____

City, State, Zip: _____

Daytime Phone: _____ Fax: _____

I authorize the following fees to be charge, from time to time, to my Credit Card account, upon prior telephone authorization by me or my agent:

BOOKING FEE	<input type="checkbox"/>
BALANCE OF BREEDING FEE	<input type="checkbox"/>
SHIPPED SEMEN FEE	<input type="checkbox"/>
OTHER CHARGES	<input type="checkbox"/>

All credit card charges are subject to a 3% office fee.

Name (Printed): _____

Authorized Signature: _____ Date: _____

WWW.ALLOCATEYOURASSETS.COM

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