



371 N. Bilhen ST. Troy, NC 27371  
Ph: 910.576-8225 Fax: 910.572.3280

## CREDIT CARD AUTHORIZATION FORM

### INSTRUCTIONS

1. Complete the form below with the billing address associated with the card being used.
2. Please complete all blanks legibly. The card holder must sign on the indicated line.
3. Include a copy of the front and back of the credit card to be kept on file.
4. Fax the completed form and copy of card to 910-572-3280 or email to micaela@shilohtack.com

CARD HOLDER NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

CARD TYPE ( PLEASE CHECK ONE)

VISA    MASTERCARD    DISCOVER    AMEX

CREDIT CARD# \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ / \_\_\_\_\_ CCV ( 3 DIGIT NUMBER) \_\_\_\_\_

- PRIMARY CARD  
 SECONDARY CARD

BILLING ADDRESS FOR CARD: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_

### DROP SHIPMENTS:

I \_\_\_\_\_ the card holder, hereby authorize Shiloh Stables & Tack, Inc to charge the credit card account indicated above for orders that I may E-mail, Fax or Phone into their company. I will indicated to them where the goods are to be shipped at the time I place my order. I also understand I will be charged a \$10.00 fee per drop shipment. I understand this card will be kept on file with them until further written notice is given by me.

\_\_\_\_\_  
CARD HOLDER SIGNATURE

\_\_\_\_\_  
DATE

AS THE CARD HOLDER, I AUTHORIZE SHILOH STABLES & TACK, INC TO CHARGE MY CREDIT CARD FOR FUTURE PURCHASES I MAKE VIA PHONE, FAX EMAIL OR THROUGH THEIR WEBSITE. I UNDERSTAND THIS CARD WILL BE KEPT ON FILE OF ALL PURCHASES UNLESS I GIVE THEM WRITTEN NOTICE TO CHANGE THE CREDIT CARD # OR ACCOUNT TERMS.

\_\_\_\_\_  
CARD HOLDER SIGNATURE

\_\_\_\_\_  
DATE