



Pete Bowling
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OASIS RANCH

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Credit Card Payment Form

General Information:

Name and Number of Mare: _____

Name of Stallion: _____

Name and Address of Mare Owner:

Name: _____ Phone _____

Address: _____

Work Phone: _____ Fax: _____

Email, Cell Phone, or additional numbers: _____

Credit Card Information:

Date: _____ Amount: _____

Name on Credit Card: _____

Credit Card Number: _____

Expiration Date: _____ Type of Card: Visa ___ MC ___ Amex ___ Discover ___

Signature: _____