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| Credit Card Authorization Form |  |
| Please complete all information below. You may cancel this authorization at any time by e mailing |
| us at billing@dfwabsoluteequine.com This authorization will remain in effect until it is cancelled. |
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|  | Card type (Circle one): | MC | Visa  | Amex | Discover |   |  |
|  | Credit Card Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | Exp. Date:\_\_\_\_\_\_\_\_\_\_ | CVV Code:\_\_\_\_\_\_\_\_\_ |  |  |  |   |  |
|  | Credit Card Billing Address With Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
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| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize Absolute Equine to charge my credit card for any |
| open invoices. I understand that my information will be saved for future transactions on my |
| account. |
|  |  |  |  |  |  |  |  |  |  |
| Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
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