



Reins of Hope Therapeutic Riding Payment Method

Customer Name: _____ Date: _____

Rider's name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Credit Card Type: _____

Credit Card Holder's Name: _____

Billing Address: _____

Card No: _____ Card ID No: _____

Expiration Date: _____

I hereby authorize The Stables At Le Bocage to keep my signature on file. I understand that this is authorization to charge my credit card for the charges to my account with The Stables At LeBocage / Reins of Hope at detailed above.

Cardholder Signature: _____

Date of Signature: _____