



## Saddleman's of Santa Fe Credit Card Authorization Form

62 Calle Carla  
Santa Fe, NM 87507  
Tel: 505.424.7909  
Fax: 505.424.1889  
www.saddlemansofsantafe.com

### Customer to fill out:

I, \_\_\_\_\_ (print name), of  
\_\_\_\_\_ (Company name) holder/owner of the  
following credit card, hereby authorize the use of the credit card for purchases from  
Saddleman's of Santa Fe.

All shipping charges are determined at time of shipments. Initial \_\_\_\_\_

### Billing Information (for card):

Name:
Street:
City, State, Zip:
Telephone #:

### Credit Card Info:

Name ( as it appear on card):															
Select type of card:	<input type="checkbox"/> American Express			<input type="checkbox"/> Visa			<input type="checkbox"/> Mastercard								
Credit Card Number:															
Exp. Date					**Security Code										

**\*\* For Amex – this is the 4 digit code found on the front of your card on the right hand side. For Visa & Mastercard – this the 3 digit code found on the back of your card in the signature panel.**

By signing this agreement, I acknowledge and assume full responsibility for charges and agree to honor and abide by the terms stated.

Authorized Signature:	Date:
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