

EQUINE REPRODUCTION CONCEPTS, LLC Modern Horse Breeding Technology

111 Hackleys Mill Road Amissville, Virginia 20106 Phone (540) 937-9832 Fax (540) 937-9862 **CLIENT FILE INFORMATION**

Policy changes made by the management of Equine Reproduction Concepts require that we have the following information on all current and new clients. Thank you in advance for understanding and helping to keep our information and accounting files current.

| Client Name: | | | | | |
|--|--|--|-----------------------|---|----|
| Current addr | ess: | | | | |
| If P.O. Box, p provide physi | | | | | |
| Home Phone: | | Work Phone: | | | |
| Cell Phone: | | Fax Number: | | | |
| E-mail Addre | ess: | | | | |
| Normal Method of Payment: | | Cash | Check | Credit Card | |
| New policy required to the secure contract the secure contract of th | uires that we have a crea e location and will only a t your initial deposit on | dit card number be used when n | r on file for all cli | ents. This information will an outstanding obligation to | be |
| Visa | VisaMastercardDiscoverAmerican Express (2% service fee) | | | | |
| Name as it ap | pears on the card: | | | | |
| Credit Card I | Number: | | | | |
| Exp. Date: | | ${ m SVC}$ # (usually last 3-4 digits located on back of card) | | | |
| Address assoc | ciated with credit car | d: | | | |
| and/or to clea | | ligation to the | | put your initial deposit on vices rendered to you for | |

Cardholder Signature: _____ Date: _____