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: $\qquad$
Current address: $\qquad$

If P.O. Box, please also provide physical address: $\qquad$

Home Phone: $\qquad$ Work Phone: $\qquad$
Cell Phone: $\qquad$ Fax Number: $\qquad$
E-mail Address: $\qquad$
Normal Method of Payment: __ Cash __ Check ___ Credit Card

New policy requires that we have a credit card number on file for all clients. This information will be kept in a secure location and will only be used when necessary to clear an outstanding obligation to the facility or to put your initial deposit on file.

Credit Card Information:
__ Visa __ Mastercard __ Discover __ American Express (2\% service fee)
Name as it appears on the card: $\qquad$
Credit Card Number: $\qquad$
Exp. Date: $\qquad$ SVC\# (usually last 3-4 digits located on back of card) $\qquad$
Address associated with credit card: $\qquad$
By signing and dating this you agree that this card may be used to put your initial deposit on file and/or to clear any outstanding obligation to the facility for services rendered to you for the care/treatment/breeding services of your horse(s).

Cardholder Signature: $\qquad$ Date: $\qquad$

