

Rancho Potrero

COMMUNITY EQUESTRIAN CENTER

Services Payment Agreement

Name: _____

Horse Name: _____ Stall #: _____

Address: _____

Email: _____ Phone: _____

Services Requested: _____

Required Payment Information

E-Check - Checking Savings

Account Number: _____

Routing Number: _____

OR

Credit Card/Debit Card - Master Card Visa Amex Other _____

Name on card: _____

Card Number: _____

Expiration: _____ Security Code: _____ Billing Zip code: _____

Signature

Date