



259 East Avenue, Saratoga Springs, NY 12866
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Fasig Tipton Horse Sales

Customer Profile

Name: _____ Phone: _____
Street Address: _____ City: _____
State: _____ Zip: _____
Credit Card #: _____ Exp: _____
Card Type: Visa___ MC___ Discover___ AmEx___

By signing this form, I hereby give Thorobred Feed Sales, LLC permission to charge my credit card for all orders associated with the Fasig Tipton Horse Sales. I certify that I am the authorized holder and signer of the credit card referenced above.

I certify that all information above is complete and accurate.

Authorized Signature

Date

In the event of nonpayment, customer may incur the costs of collections and attorney fees.