

# CLIENT INTAKE & PAYMENT AUTHORIZATION FORM



📍 2722 Erie Ave, Ste #219, Cincinnati, OH 45208

🌐 [www.equineconnectionsconsultingllc.com](http://www.equineconnectionsconsultingllc.com)

## CLIENT INFORMATION

Full Name

Phone #

Mailing Address

City

State

Zip Code

Email Address

## HORSE INFORMATION

Horse Name

Registry/Registries

Horse Name

Horse Name

Horse Name

## SERVICES REQUESTED

Paperwork Processing

Record Management

Registry Research & Assistance

Other:

## PAYMENT INFORMATION

Monthly Service Fee:

\$

Additional Fees May Include:

- Processing services
- Registry fees
- Expedited requests

## CREDIT CARD AUTHORIZATION

Cardholder Name

Phone Number

Card Number

Exp

CVV

## AUTHORIZATION AGREEMENT

I authorize Equine Connections Consults, LLC to charge my card for:

- Monthly Service Fees
- Additional Processing Fees
- Registry Third-Party Fees

Signature

Date

Printed Name

## OFFICE USE ONLY

Date Received

Notes