



5901 North 28th Street
Suite 100
Lincoln, NE 68504
www.alpacaregistry.com
phone: (402) 437-8484
fax: (402) 437-8488

ATTENTION: _____

CREDIT CARD PAYMENT AUTHORIZATION FORM

Account / Herd Code: _____

Farm / Ranch Name: _____

Contact Name: _____

Address: _____

City: _____ State / Province: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____

E-mail: _____

Check here if the above information is new and should be updated in our system

Please charge my credit card in the amount of \$ _____

Type of credit card: MC _____ VISA _____ AMEX _____ Discover _____

Card Number: _____ CVC #: _____ Exp. Date: _____

Name of cardholder (please print): _____

Signature of cardholder: _____

Please attach this form to your registration/transfer form and mail them to the address above. You may also fax this form to us for payment on account.

NOTE: ARI does **NOT** keep credit card numbers on file. Once charged, this form will either be shredded or your credit card number blacked out.

Office Use Only:

