Credit Card Authorization Form

1790 FM 2871
Ft Worth TX 76126
(817) 560-0038 • (817) 244-2163 fax
www.sdpbuffaloranch.com

Name _____
(as it appears on card)

Billing Address _____

City _____ State _____ Zip Code _____

Credit Card # ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiration Date ☐☐/☐☐

Card Type ☐ VISA ☐ MasterCard ☐ DISCOVER NOVUS Amount $ _____

Signature _____ Email _____

*Please note a 3% fee will be added for all credit card transactions.

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