



## THOMPSON HORSE VAN LINES LTD.

I \_\_\_\_\_ AUTHORIZE  
THOMPSON HORSE VAN LINES LTD. TO USE THE FOLLOWING  
CREDIT CARD FOR PAYMENT OF TRANSPORTATION SERVICES  
DESCRIBED BELOW.

Name of Horse: \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Breed \_\_\_\_\_ Origin \_\_\_\_\_

Reason for Transport:

Show  Training  Purchase  VALUE \$ \_\_\_\_\_ CDN

Destination Address: \_\_\_\_\_

Roads and Property Accessible for Large Semi Truck Trailer \_\_\_\_\_

AMOUNT TO CHARGE \$ \_\_\_\_\_ DATE \_\_\_\_\_

CREDIT CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_ VCODE \_\_\_\_\_

NAME (AS IT APPEARS ON CREDIT CARD) \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_

FAX 604 513 5958 OR SCAN [thvl@telus.net](mailto:thvl@telus.net)