



**Customer Payment - Master Card/VISA Authorization Form**

Please sign and return this form via mail or fax to:

Liberty Feed, LLC

PO Box 4001, Frankfort, KY 40604 PH: 859.846.4060

FAX: 859.846.5222 or EMAIL: [libertyfeed@lrbcg.com](mailto:libertyfeed@lrbcg.com)

I authorize Liberty Feed, LLC to charge the below mentioned credit card for the amount as specified on my Sales Order for the purchase of feed, supplements, bedding, equipment, or other supplies plus any sales tax or delivery charges as may apply.

Name On Card:	
Billing Address:	
City:	
State & Zip:	
Daytime Phone:	
Fax Number:	

Circle One:	Master Card - Visa - Discover
Card Number:	
Expiration Date:	3 Digit From Back:

Total Amount to Charge to Card      \$ \_\_\_\_\_

Name - Printed or Typed: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date