

3rd Party Payment Information



Miller Equestrian _____

or CPR Ranch _____

Date of Form: _____

Student Full Name: _____

If the 3rd Party Service refuses to pay the invoice for any reason the undersigned agrees to pay the balance of lessons given.

Parent Full Name: _____

Parent Phone No: _____

Parent email: _____

Parent Signature: _____

Rate of lesson: _____

Billing Information:

Company: _____

Care of/case worker: _____

Address: _____

Account No : _____

Phone No: _____

Billing Frequency: _____

Email _____