

WESTERN PENNSYLVANIA QUARTER HORSE ASSOCIATION

CREDIT CARD AUTHORIZATION FORM

Card Number: _____

Expiration Date: _____ / _____ / _____

Code On Back Of Card _____

Card Holders Name: _____

Billing Address: _____

City: _____

State: _____ Zip: _____

Card Holders Phone Number: () _____ - _____

I, _____, hereby authorize WPQHA to make charges on the above card requested by myself.

Card Holders Signature: _____

There will be a 4% convenience charge for using any and all credit cards.