



Credit Card Authorization Form

CARD HOLDER INFORMATION

Name: _____

Billing Address _____

City: _____ State: _____ Zip Code: _____

Email address: _____

Direct phone number: (____) _____

CREDIT CARD INFORMATION

Credit Card Type: Master Card Visa American Express Discover

Number: _____

Expiration Month: _____ Expiration Year: _____

Security Code: _____ Billing Zip: _____

I, authorize Western Pennsylvania Quarter Horse Association to charge the above credit card with the charges for fees associated with my showing accounts at WPQHA shows, I agree to the 4% processing fee associated with using my credit card for these charges.

AMOUNT: _____ (4% WILL BE ADDED WHEN CHARGED TO THE CARD.)

Cardholder Signature: _____

Date: _____