

PAYMENT- FLORIDA PFHA – Credit Card Authorization

() Check (please make payable to: Florida Paso Fino Horse Association)

() Credit Card () Visa ()Master Card () American Express

Cardholder's Name:_____

Address:_____ **City**_____ **State**_____ **Zip**_____

Card Number :_____ - _____ - _____ - _____ **Exp Date:** ____/____ **V-Code**_____

Amount to be Charged \$_____ **for:**_____

Cardholder's Signature:_____

PLEASE FAX THIS FORM TO: (305)675-2823,e-mail to flshows@floridapfha.org .