



## CREDIT CARD AUTHORIZATION FORM

Cardholder's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

( ) Visa      ( ) Master Card      ( ) American Express

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Amount to be charged: \_\_\_\_\_ For: \_\_\_\_\_

**I authorize Florida Paso Fino Horse Association to charge the amount listed above to the credit card provided herein. I agree to pay this amount in accordance with the issuing bank cardholder agreement.**

Cardholder's Signature: \_\_\_\_\_

**4% PROCESSING FEE WILL BE ADDED TO ALL CREDIT CARD TRANSACTIONS**

**PLEASE FAX THIS FORM TO: (305) 675-2823 OR E-MAIL TO: [flshows@floridapfha.org](mailto:flshows@floridapfha.org)**