



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