



CREDIT CARD AUTHORIZATION FORM

Cardholder's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Tel. #: _____

() Visa () Master Card () Discover () American Express

Card Number: _____

Exp. Date: _____ Security Code: _____

Amount to be charged: _____ For: _____

Check here if this card will be used to pay for additional fees that accumulate during the show.

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**