

W E S T E R N S T A T E S
HORS  **EXPO**

Credit Card Authorization Form

Name: _____

Cardholder's Name: _____

Card Type: Visa MasterCard Discover American Express

Card Number: _____

Security code (CVV): _____ Expiration Date(mm/dd/yy): _____

Credit Card Billing Address: _____

Cardholder's Phone # (if issues): _____

Western States Horse Expo fees which may be charged to this card by Horse Expo, Inc.:

- | | |
|---|--|
| <input type="checkbox"/> Expo Clinic Fee \$ _____ | <input type="checkbox"/> Magnificent 7 Entry Fee \$ _____ |
| <input type="checkbox"/> Exhibitor Booth Fee \$ _____ | <input type="checkbox"/> EXCA Entry Fee \$ _____ |
| <input type="checkbox"/> Credential Request Fee \$ _____ | <input type="checkbox"/> Other Fee (please specify) \$ _____ |
| <input type="checkbox"/> Initial here to charge balance on 3/1/19 _____ | |

I, _____, authorize Horse Expo, Inc. to charge of \$ _____
(total amount) to the credit card provided for the services listed above.

Signature: _____

Date: _____