

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.:

Expo Clinic Fee \$ _____ Credential Request Fee \$ _____

Exhibitor Booth Fee \$ _____ Other Fee (please specify) \$ _____

Initial here to automatically charge final booth balance on 3/1/2020 _____

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

Signature: _____

Date: _____