



Credit Card Authorization Form

Name: _____

Cardholder's Name: _____

Card Type: Visa MasterCard Discover American Express

Card Number: _____

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

Credit Card Billing Address: _____

Cardholder's Phone # (if issues): _____

Horse Expo May Charge:

- | | |
|--|---|
| <input type="checkbox"/> Exhibitor Booth \$ _____ | <input type="checkbox"/> Credential Request Fee \$ _____ |
| <input type="checkbox"/> <i>Charge Total Due Now</i> | <input type="checkbox"/> Stall Order \$ _____ |
| <input type="checkbox"/> <i>Charge 50% Deposit Now and Automatically Charge Final Balance 5/1/24</i> | <input type="checkbox"/> Other (please specify) _____
\$ _____ |

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

Signature: _____

Date: _____