



National ★ Stock ★ Horse ★ Association
CREDIT CARD AUTHORIZATION FORM

Name: _____

Address: _____

Fax #: _____

City, State, Zip: _____

Phone #: _____

E-mail Address: _____

Use this card to pay for the following Responsible parties:

CREDIT CARD INFORMATION

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card

Type of Credit Card: _____

☐ Visa

☐ Mastercard

☐ American Express

☐ Discover

Name on Card: _____

Billing Address: _____

Phone #: _____

City, State, Zip: _____

Email Address: _____

Credit Card #: _____

Exp. Date: _____

Security Code: _____

Amount to be charged: ☐ All Charges ☐ RV Space Only ☐ Stall(s) Only ☐ Entry Fees Only

☐ Specific Amount \$ _____

Signature: _____

Date: _____

and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

This section for Office Use Only:

Payment 1:	Date: _____	Auth # _____	Amt: \$ _____	Initials: _____
Payment 2:	Date: _____	Auth # _____	Amt: \$ _____	Initials: _____
Payment 3:	Date: _____	Auth # _____	Amt: \$ _____	Initials: _____