

**EMPIRE STATE QUARTER HORSE YOUTH ASSOCIATION – The Heat Is On 6/27-6/30  
2019 CREDIT CARD AUTHORIZATION FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Use this card to pay for the following Responsible Parties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CREDIT CARD INFORMATION**

Type of Credit Card:  VISA  Mastercard  Discover  Amer Express

Cardholder Name: \_\_\_\_\_

Cardholder Phone#: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing City, State, Zip: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Amount to be charged:  All Charges  Stall(s) only  Entries Only  Specific Amount \$ \_\_\_\_\_

(4% convenience fee will be added to all charges)

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 only for the circuit indicated. I certify that I am an authorized user of this credit card 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.

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This section is for Office Use Only:**

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