

REGION 2 CREDIT CARD PAYMENT FORM

**COMPLETE AND RETURN THIS FORM WITH YOUR ENTRIES
IF YOU ARE PAYING BY CREDIT CARD**

NAME as it Appears on the Credit Card:

Credit Card Billing Address:

Street/P.O. Box _____

City _____ **State** _____ **Zip** _____

Contact Telephone Number: _____

Email for receipt: _____

Credit Card Type: _____ **VISA** _____ **Master Card** _____ **Amex**

Credit Card Number: _____

Expiration Date on Card: _____

***Security Code:** _____

*Security code is three digit numbers that appears on the back of your Credit Card

By signing below:

I hereby authorize Region 2 Arabian Horse Association to charge the above credit card for the amount of \$ _____

I understand an additional 3% convenience charge will be added to my total fees for using my credit card for payment of entries (i.e. \$500 X .03% = \$15)

I also understand if my credit card is denied, I will be assessed a \$50 fee for each denied credit card attempt.

Cardholder Signature: _____

Date: _____