

Credit Card Authorization Form (Use this form if you'd like to pay with a credit card instead of a check.)

Customer Name:			Date:			
Billing Address:			Phone:			
City/State/Zip						
Credit Card Type:	Visa	MasterCard	Discover			
Credit Card #:		Expiration Date:				
3-digit CVV code:						
Payment amount: \$ _ (total authorized amount)	ount: \$ U.S.D. + 5% convenience fee of \$ amount)			= \$		
I hereby authorize Southw	est Reining Horse	Association to charge my cro	edit card the above \$ amou	unt.		
Printed Name (as it appears on credit card)			Customer Signature			
Payment For:						
Show Entries	Stalls	Sponsorship	Other:			
Please Initial:						
Please	hold this credit	card to be used for add	litional charges, if nee	ded, during the event.		
For Final Payment:						
Payment amount: \$ _ (total authorized amount)		U.S.D. + 5% conveni	ence fee of \$	= \$		