



AUTHORIZATION FOR EQUINE AFFAIRE TO CHARGE CREDIT CARD

(Ride With The Best / Versatile Horse & Rider Participants)

This credit card authorization pertains only to fees associated with the undersigned individual's participation in **Equine Affaire taking place in West Springfield, MA, on November 10-13, 2016.** All information requested below must be provided.

Name as it appears on Application: _____

Cardholder's Name: _____

Credit Card Type: Visa MasterCard Discover

Credit Card Number: _____

3-digit code: _____ Expiration Date: _____

Credit Card Billing Address: _____

Cardholder's Phone #: _____

Fees which may be charged to this credit card by Equine Affaire, Inc. include:

___ Ride With The Best clinic fees for selected clinics (\$ _____)

___ Versatile Horse & Rider Competition fee (\$350)

___ Additional stabling payments (___ additional nights at \$40/night = \$_____)

The undersigned authorizes Equine Affaire, Inc. to charge his/her credit card for the exhibitor-related fees described above. The undersigned understands that this credit card authorization pertains only to the event described above and that another authorization form must be completed and signed to authorize Equine Affaire, Inc. to charge fees associated with any other Equine Affaire:

Cardholder's Signature

Printed Name on Card

Date of Signature