



AUTHORIZATION FOR EQUINE AFFAIRE TO CHARGE CREDIT CARD

This credit card authorization pertains only to fees associated with the undersigned exhibitor's participation in the Equine Affaire taking place in Columbus, OH, on April 6-9, 2017.

All information requested below must be provided.

Name: _____

Cardholder's Name: _____

Credit Card Type: Visa MasterCard Discover

Credit Card Number: _____

3-digit code: _____ Expiration Date: _____

Credit Card Billing Address: _____

Cardholder's Phone #: _____

Event-related fees which may be charged to this credit card by Equine Affaire, Inc. include:

___ Ride With The Best Fee (\$_____)

___ Versatile Horse & Rider Competition Fee (\$_____)

___ Stabling Fee (\$_____)

The undersigned authorizes Equine Affaire, Inc. to charge his/her credit card for the participant-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