



Credit Card Authorization Form

CARDHOLDER INFORMATION

Name: _____

Billing Street Address: _____

Street Address (cont.): _____

City: _____ State: _____ Zip Code: _____

Country: _____ Email _____

Address: _____

Direct Telephone: (_____) _____ - _____

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa American Express Discover Card

Number: _____

Expiration Month: _____ Expiration Year: _____

Security Code: _____ Billing Zip: _____

I authorize Florida Gold Coast Quarter Horse Show, Inc. to charge the above credit card for fees associated with my showing account at the Florida Gold Coast Quarter Horse Show. I agree to the 4% processing fee associated with using my credit card for these charges.

Cardholder Signature: _____

Date: _____