

Florida Quarter Horse Association Credit Card Authorization Form

Name on card: _____

Billing address: _____

City: _____ State: _____ Zip Code: _____

Phone number of person on card: _____

Visa Mastercard American Express Discover

Card Number: _____

Security Number: _____ Exp. Date: _____

I am aware that there will be a 4% service charge applied to the total amount billed.

Signature of Card Holder