

# Georgia 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**

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