

FLORIDA PFHA CREDIT CARD AUTHORIZATION FORM

Florida PFHA Show/Event Name: _____

Owner/Trainer/Exhibitor/Vendor Name: _____

Credit Card Type: () American Express () Visa () Master Charge () Discover

Card Number : _____ - _____ - _____ - _____ Exp Date: ____/____ V-Code _____

Name as it appears on card: _____

Address: _____ City _____ State _____ Zip _____

Tel : (_____) _____ e-mail: _____

- () Stalls/Class Entries/USEF-PFHA/ Office Fees
- () VIP Table /Class Sponsorship
- () RV Space
- () Vendor Space

- () Spectrum Stallion Service for: _____
- () Other: _____

Total Amount to be charged to Credit Card \$ _____

I hereby authorize Florida PFHA to use the credit card information provided on this form as a guarantee or as payment for the charges described above. Supporting Documentation will accompany all charges. By signing below I agree to pay my credit card issuer for the charges agreed to above in accordance with my cardholder agreement

Cardholder's Signature: _____

Show Staff to complete Below
Account Information and # Verified by:

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