

Credit Card Authorization Form

For Ongoing Weekly Riding Students Only

Please complete **all fields**. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
Security Code: _____
Cardholder ZIP Code (from credit card billing address): _____
Email Address: _____
Phone Number: _____

I, _____ authorize
_____ to charge my credit card
above for agreed upon purchases. I understand that my information will be saved to
file for future transactions on my account.

Date:

Signature:
