

COMSTOCK ARABIAN ASSOCIATION CREDIT CARD PAYMENT FORM

COMPLETE AND RETURN THIS FORM WITH YOUR ENTRIES IF YOU ARE PAYING BY CREDIT CARD . Write legibly to avoid costly errors.

NAME as it Appears on the Credit Card:

Credit Card Billing Address: Street/P.O. Box

City _____ State _____ Zip _____

Contact Telephone Number: _____

Email for Receipt: _____

Credit Card Type: _____ VISA _____ Master Card (We do not accept American Express cards – sorry)

Credit Card Number: _____

Expiration Date on Card: _____

*Security Code: _____ *Security code is three digit numbers that appears on the back of Visa and Master Card

By signing below: I hereby authorize Comstock Arabian Association to charge the above credit card for the amount of \$ _____ plus a processing charge. I understand an **additional 3%** processing charge will be added to my total fees for using my credit card for payment of entries (i.e. \$500 X .03% = \$15). The minimum credit card charge is \$5.

I also understand if my credit card is denied, I will be assessed a \$35 fee for each denied credit card attempt.

Cardholder Signature: _____

Date: _____

**EMAIL Credit Card Form, Entry, Entry Agreement & USEF Waiver of Liability to
horseshownumber@gmail.com**

DO NOT Send copies of membership cards and registration papers.