

BEST Horse Shows, LLC

Credit Card Payment Authorization for Season Stall

By signing this form, you give us permission to debit the account listed below.

Trainer / Barn Name: _____

Billing Details

Exhibitor Name: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

Number of Stalls: _____ X \$600 = _____

Season Stall Fee Total

Credit Card Information

Visa MasterCard AMEX Discover

Cardholder's Name: _____

Credit Card Number: _____

Expiration Date: _____ Security Code (CVV) _____

I authorize BEST Horse Shows, LLC to charge my card for the amount indicated for Season Stall payment. I understand that a 3% convenience fee will be added to the amount indicated.

X _____

Date: _____

Signature