

# 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 \$520 = \_\_\_\_\_

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