

ARHA CREDIT CARD AUTHORIZATION FORM



By signing this form you give the Arabian Reining Horse Association (ARHA) permission to charge your credit for the amount indicated on or after the indicated date. This permission is for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please Complete the Following:

I _____ (Cardholder Name) authorize the ARHA to charge my credit card account indicated below for _____ (Amount). This payment is for _____ (Horse's Name) for _____ (Class) or _____ (Membership/Renewal or Other Goods and Services).

Credit Card Information

Visa

MasterCard

PayPal ***

Cardholder Name: _____

Card Number: _____ Expiration Date: _____ CCV Code: _____

Billing Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

***If paying with PayPal, please indicate the email address we should invoice for payment:

PayPal Email: _____

If **mailing** this form, send to Hoyt Rose – ARHA - 1289 4th Street - Almena, WI 54805
or simply **email** to hrose@arha.net.