

Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO AQHRA.
All information will remain confidential.

Cardholder Name: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____

Directions for use: _____

I authorize the Alberta Quarter Horse Racing Association (AQHRA) to charge the agreed amount listed above to my credit card provided herein. All credit card payments to the AQHRA are made in Canadian Funds and are subject to a 5% service charge.

Cardholder – Print Name, Sign and Date Below:

Signed: _____

Dated: _____

Name: _____