

Region One Credit Card Charge Form

The undersigned hereby authorizes AHA Region One Horse Show
to charge the following credit card for charges relating to the Region One Horse Show:

Name as it appears on the Card: _____

Credit Card Billing Address:

Street/P.O. Box: _____

City: _____ State: _____ Zip: _____

Phone # _____

Credit Card Type: VISA _____ MC _____ AMEX _____ DISC _____

Card Number: _____

Expiration Date: _____ CVV _____

Please note - there will be a 4% charge for all credit card charges