

# 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 3% charge for all credit card charges*