



MIAMI PASO FEST JUNE 25 & 26, 2022

Tropical Park 7900 SW 40th St Miami, FL 33155

CREDIT CARD AUTHORIZATION FORM

info@ipha.us

CREDIT CARD AUTHORIZATION FORM

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____ CVV: _____
Cardholder ZIP Code (from credit card billing address): _____
Amount to be Charge: \$ _____ For: _____

I, _____, authorize International Paso Horse Association to charge my credit card above for agreed upon purchases. I Agree to pay this amount in accordance with the issuing bank cardholder agreement. I understand that my information will be saved to file for future transactions on my account. 4% processing fee will be added to all credit card transactions.

Customer Signature _____

Date _____