



Pre-Authorized Payments (RAP)

1. Cardholder Information (Please print clearly)

Cardholder Name: _____

Address: _____

Telephone Number: _____ Email: _____

Horse(s) Name: _____

2. Services

*Stall Rental Entries *Camper Hook Up *Shavings

(*Please submit a completed stall form)

3. Payment Options

Visa Mastercard

4. Credit Card Information

Credit card # _____ - _____ - _____ - _____

Expiry: ____ / ____ CSV code: _____

POLICIES AND CONDITIONS

In this authorization, "you" and "your" refer to each holder of the Pre-Authorized account who signs this form. You authorize us to debit your account for all amounts owed to us under the Pickering Horse Centre Ltd. for the payment amount indicated under the Payment Options on this form. You have read, understand and agree to the terms of the Pre-Authorized Payment Agreement.

Signature of account holder

Name (Please Print)

Date (Month/Day/Year)