



Pre-Authorized Credit Card Payment

1. Information (Please print clearly)

Competitor's Name: _____

Email Address: _____ Phone # _____

2. Payment Options

Visa Mastercard Discovery

3. Credit Card Information

Credit card # _____ - _____ - _____ - _____

Expiry: ____ / ____ CSV code: _____

Name as it appears on card: _____

Please Note: Credit cards will not be processed until check out time of horse show. If you would like us to 'hold' the registration on the credit card but pay the bill with a different form of payment, please check a box below.

PLEASE ONLY HOLD MY REGISTRATION WITH MY CREDIT CARD. AT CHECK OUT I CHOOSE TO PAY BY:

Cheque Cash Debit

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 Amount Authorized 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)