



CREDIT CARD AUTHORIZATION FORM

Card Holder Information:

Name: _____
Address: _____

Telephone: _____
Email Address: _____

Payment Authorization

Card Type: __ Visa __ Mastercard __ Discover __ American Express
Card Number: _____ Expiration Date: _____
Card Identification Code (CVV2 Code): _____

I, _____, authorize Red Horse Motoring Club, LLC or Ludwick's Motor Club, LLC to process a charge against my credit card in the amount of \$ _____

_____ Annual
_____ Monthly

For the payment of storage of my vehicle at The Red Horse Motoring Club at 132 E. Third Street, Pottstown, PA 19464.

Name as it appears on the card: _____
Signature: _____
Date: _____

Note: The Red Horse Motoring Club will keep a paper copy in a secure paper file containing this credit card information for future authorized billings pursuant to the Reserved Space Rental Agreement.