

# Class Act Horse Transport

248-420-2615 (c) \* classacthorsetransport@yahoo.com

## CREDIT CARD AUTHORIZATION FORM

Cardholder's Name: \_\_\_\_\_

Phone Number: (c) \_\_\_\_\_

Phone Number: (h) \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

\*Zip code must match the zip code where bill is mailed

Credit Card Type: Visa \_\_\_\_\_ MC \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Identification Number: \_\_\_\_\_

(Last 3 digits located on the back of the credit card)

Amount: \$ \_\_\_\_\_

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I authorize Class Act Horse Transport, LLC, to charge the agreed amount listed above to my credit card provided herein, at the time of booking. I agree that I will be charged an extra 5% surcharge. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Sign Name, Print Name and Date Below:

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Dated: \_\_\_\_\_