



**Dixie National Quarter Horse Show  
Credit Card Authorization Form**

**VISA or Mastercard ONLY**

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

Name on Card: \_\_\_\_\_

Zip Code of Billing Address: \_\_\_\_\_ CVV #: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

All credit card or debit card transactions are subject to a 4% convenience fee.

Signature: \_\_\_\_\_

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

Tab amount \_\_\_\_\_

4% Fee \_\_\_\_\_

Total Due \_\_\_\_\_

Office staff initials \_\_\_\_\_

**Office Use Only**

Date run: \_\_\_\_\_ Initials: \_\_\_\_\_

Confirmation #: \_\_\_\_\_