



BELMEAD

EQUESTRIAN CLUB

Guest Credit Card Payment Authorization

I, _____, authorize Belmead Equestrian Club ("Belmead") to charge my credit card indicated below for \$_____.

- ☐ Visa
- ☐ MasterCard
- ☐ Discover
- ☐ AMEX

Cardholder Name: _____

Billing Address: _____

Phone #: _____

Card #: _____ - _____ - _____

Expiration Date: ____/____/____ CVV _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Belmead Equestrian Club in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I acknowledge that the origination of Credit Card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this Credit Card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

Signature: _____

Date: _____