

Authorization for Credit Card

PRINT AND COMPLETE THIS AUTHORIZATION AND EMAIL TO

ride@horseworkswyoming.com

All information will remain confidential.

Dates Booked at HorseWorks: _____

Name on Card: _____

Billings Address: _____

Credit Card Type: _____

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (Last 3 digits located on the back of the credit card)

Amount to Charge: \$_____ (USD)

I authorize HorseWorks Wyoming to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____

Phone Number: _____

Email Address: _____