



CREDIT CARD AUTHORIZATION FORM

MEMBER INFORMATION

Full Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Phone #: _____
Member #: _____

ITEMS TO BE PURCHASED

<input type="checkbox"/> Membership	Quantity: _____	Form(s) included in <input type="checkbox"/> mail <input type="checkbox"/> email	Sub Total: _____
<input type="checkbox"/> Registration	Quantity: _____	Form(s) included in <input type="checkbox"/> mail <input type="checkbox"/> email	Sub Total: _____
<input type="checkbox"/> DNA Kit Request	Quantity: _____	Form(s) included in <input type="checkbox"/> mail <input type="checkbox"/> email	Sub Total: _____
<input type="checkbox"/> Ownership Transfer	Quantity: _____	Form(s) included in <input type="checkbox"/> mail <input type="checkbox"/> email	Sub Total: _____
<input type="checkbox"/> Other <i>(Please Specify)</i>	Quantity: _____	Form(s) included in <input type="checkbox"/> mail <input type="checkbox"/> email	Sub Total: _____

CARD HOLDER INFORMATION

Card Holder Name: _____
Billing Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Phone #: _____
Card Type: VISA Mastercard American Express Discover
Card Number: _____
CCV: _____ (3 digit code on back of the card) Expires: _____ / _____ (mm/yy)

WWHA does not keep a file of credit card numbers. At the completion of the transfer, this document with your credit card number will be shredded.

PAYMENT AUTHORIZATION

I, _____, authorize the World Walking Horse Association to process a charge against my credit card account in the total amount of \$ _____ for the payment of items selected above.

Date

Cardholder Signature

Mail completed form with any required documents to the address listed below.
You may also scan this and any required documents to the email address listed below.