

AHASC Credit Card Charge Form

The undersigned hereby authorizes the Arabian Horse Association of Southern California to charge the following credit card for charges relating to the AHASC Fall Horse Show:

Name as it appears on the Card: _____

Credit Card Billing Address:

Street/P.O. Box: _____

City: _____ State: _____ Zip: _____

Phone # _____

Credit Card Type: VISA _____ MC _____ AMEX _____ DISC _____

Card Number: _____

Expiration Date: _____ CVV _____