



Equestrian Sport Productions, LLC

Credit Card Authorization Form For All Charges Associated With Equestrian Sport Productions

Name _____

Visa _____ Mastercard _____ American Express _____

Credit Card Number _____

Expiration Date: _____ Code # _____

Billing Zip Code _____

Cardholder Name _____

Telephone Number _____

Stable Name _____

My signature below indicates an authorization for Equestrian Sport Productions, LLC and/or related entities to charge my credit card for entries and all other associated charges. There will be a penalty fee for any card that declines do to insufficient funds.

*** I acknowledge that an additional 3% admin fee will be applied to stabling charges not paid by check or wire.**

Cardholder Signature _____

Date Signed _____

For office use only - added to R/T/O _____