

CREDIT CARD AUTHORIZATION FORM

Cardholder's Name _____

Billing Address _____

City _____ **State** _____ **Zip Code** _____

Phone _____ **Fax** _____

Driver Lic # _____ **State Issued** _____

Charge Amount _____

Type of Credit Card

Visa **MasterCard** **Discover**

Card Number _____ **Security Code** _____

Expiration Date _____

Please be advised that the above card is being authorized to pay the sum of
\$ _____ to **MARYLAND SADDLE ASSOCIATION (MSA)**.
I, _____ hereby agree to the above stated terms on this day

Cardholder's Signature

Date

MSA CREDIT CARD POLICY: Each patron choosing to swipe their credit card will be charged a 3% transaction fee. All manually-entered transactions will incur a 3.5% transaction fee plus \$0.15