



Credit Card Authorization Form for 2025 Shows

Please complete all fields. This authorization will remain in effect for the duration of the show season or until cancelled by the signer. The signer may cancel this authorization at any time by contacting: office@cascadehorsheshows.com.

Responsible Party:
(named on entry)

Name(s) of horse(s):
(to credit funds to)

Credit Card Information

Card Type

☐

MasterCard

☐

VISA

☐

Discover

☐

AMEX

Cardholder Name (as shown on card)

Card Number

Expiration Date (MM/YY)

CVV Code

Cardholder Billing ZIP Code

I, _____, authorize Cascade Horse Shows LLC to charge my credit card above for agreed upon charges. I understand that I will be charged a 3.5% credit card service charge and that my information will be saved on file for future transactions on my Cascade Horse Shows LLC account.

Customer Signature

Date

Please send completed authorizations to: office@cascadehorsheshows.com