

ORHA
CREDIT CARD AUTHORIZATION FORM

CREDIT CARD DIRECTIONS: Please fill out this form **COMPLETELY**.

The completed form should be mailed, emailed, or faxed to the Oregon Reining Horse Association along with your complete entry information

Oregon Reining Horse Association (ORHA) is hereby authorized to charge the credit card listed below for all items related to the entry of said horse(s). Note: A declined or cancelled credit card will be treated as an insufficient check.

CONTACT INFORMATION:

NAME: _____ **CELL #:** _____

EMAIL: _____

MAILING ADDRESS: _____ **ZIP CODE:** _____

CREDIT CARD AUTHORIZATION, RELEASE AND WAIVER OF LIABILITY

I, _____, (HORSE OWNER) have read and understand the terms and conditions of the entry into the ORHA Reining In Oregon #1 event and agree to abide by the event's terms and conditions and the event's rules and regulations and its governing body the National Reining Horse Association. I have the authority and hereby do, by making this entry, assume responsibility for and bind owner, rider and/or agent to the terms and conditions of this Event and Release and Waiver of Liability. I warrant that I am of legal age and that I have fully read and fully understand the forgoing terms and authorize ORHA to process credit or debit card payments in accordance with the entries related to the event. **I understand that there will be a 4% convenience fee, per payment.** I understand that the ORHA offer this service as a convenience to exhibitors. I understand by completing, signing and returning this form to the ORHA that I am authorizing the ORHA to process my event entry expenses to the credit card listed below.

PAYMENT INFORMATION:

CARD HOLDER NAME _____ **CELL #** _____

BILLING ZIP CODE _____ **CARD TYPE** _____

CREDIT CARD NUMBER: _____

3 OR 4 DIGIT CSV #: _____ **EXPIRATION DATE** _____

CARD HOLDER SIGNATURE: _____

OFFICE USE ONLY

ENTRY # _____ **ENTRY FEES:** _____

STALLS: _____

DATE PROCESSED: _____ **BEDDING:** _____

OTHER: _____

OTHER: _____

4% CONVENIENCE FEE: _____

TOTAL: _____