



PERCHERON HORSE ASSOCIATION OF AMERICA
CREDIT CARD AUTHORIZATION FORM

Please complete all fields. You may cancel this authorization at any time by contacting us.
This authorization will remain in effect until cancelled.

Credit Card Information

Card Type: ☐ MasterCard ☐ Visa ☐ Discover ☐ Other: _____

Cardholder Name (as shown on card): _____

Card Number: _____

Expiration Date (MM/YY): _____

Cardholder Zip/Postal Code (from credit card billing address): _____

I, _____, authorize the Percheron Horse Association of America to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date