

The Foundation for the Pure Spanish Horse

Credit Card Charge

PLEASE PRINT CLEARLY

For (SERVICE OR ITEM PURCHASED) _____

Date of Order _____

Name _____

Mailing address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Cell _____ Email _____

Select one only () Visa () Master Card () Discover () American Express

Credit Card Number _____

Billing Address _____

If different from above _____

Expiration Date _____

CVC Code (Three or four digit code on back or front of card)

Amount Authorized \$ _____ Signature _____

Questions? Call 505-294-0800.

Mail this form with your entries if it is for a horse show; for other Foundation services, you may fax this form to: 505-294-0812.

OFFICE USE ONLY _____

Date Credit Card Processed _____ By _____

Account or Show to Credit _____

Date Item(s) Mailed or Entered _____

PHONE ORDER TAKEN BY _____ DATE _____