



CREDIT CARD AUTHORISATION

DATE: ____ / ____ / ____

MEMBERSHIP NUMBER: _____

NAME: _____

ADDRESS: _____

_____ POST CODE: _____

DAY CONTACT: (____) _____ EMAIL: _____

QTY	ITEM	AMT	REGO NUMBER	HORSE NAME	TOTAL
	PONY DRESSAGE LICENCE	\$35			\$
	DRESSAGE LICENCE	\$35			\$
	EVENTING LICENCE	\$35			\$
	JUMPING LICENCE	\$55			\$
	HORSE TRANSFER	\$135			\$
	BASE HORSE UPGRADE	\$70			\$
BOOKSHOP ITEM					
	STALLION ID KIT	\$45			\$
OTHER ITEMS (please specify)					
				TOTAL AMOUNT	\$

CREDIT CARD DETAILS

TYPE OF CARD: VISA / MASTERCARD / AMEX

CARD NUMBER:

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EXPIRY DATE: ____ / ____

CVC: ____

NAME ON CARD: _____