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CREDIT CARD AUTHORISATION

DATE: ____/____/____ MEMBERSHIP NUMBER: _____

NAME: _____

ADDRESS: _____

POST CODE: _____

DAY CONTACT: (____) _____ EMAIL: _____

QTY	ITEM	AMT	REGO NUMBER	HORSE NAME	TOTAL
	PONY DRESSAGE LICENCE	\$37			\$
	DRESSAGE LICENCE	\$37			\$
	EVENTING LICENCE	\$37			\$
	JUMPING LICENCE	\$57			\$
	HORSE TRANSFER	\$140			\$
	BASE HORSE UPGRADE	\$70			\$
	EXPRESS FEE (Two business days)	\$40			\$
BOOKSHOP ITEM					
	STALLION ID KIT	\$47			\$
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: _____