CREDIT CARD PAYMENT FORM

To use this service, please fill out the form below and return with your entry. All fields must be complete.

** A 3% nonrefundable convenience fee will be accessed on all credit card charges **

Horses:					
					_
					 _
					_
Trainer's Name					 _
Owner's Name					
CREDIT CARD INFO	RMATION				
Cardholder's Name					_
Address					
City	State	Zip			_
Phone	Email				
Please choose one	Mastercard	Visa			
Card Number					
Expiration Date	Securi	ity Code			
Signature*		Date			
*I authorize the Kentucky	Horse Show to debit	my account f	or entries and	d related fees.	
*I agree to the 3% nonref	undable convenience	fee included i	n these transa	actions.	