

Credit Card Authorization Form

(Use this form if you'd like to pay with a credit card instead of a check.)

Customer Name:			Date:		
Billing Address:		Phone:			
City/State:		Zip			
Credit Card Type:	□ Visa	□ MasterCard	☐ Discover	☐ American Express	
Credit Card #:		Expiration Date:			
3(or 4)-digit CVV cod	de:				
Payment amount: \$		_ U.S.D. + 5% conve	nience fee of \$	= \$(total authorized amount)	
I hereby authorize OKRH	IA to charge my cre	dit card the above \$ amou	nt.		
Printed Name (as it appears on credit card)		Customer Signature			
Payment For:					
☐ Show Entries	☐ Stalls		☐ Other:		
Please Initial: Please	e hold this credit	card to be used for a	dditional charges, as r	needed.	
Payment amount: \$		_ U.S.D. + 5% conve	nience fee of \$	=(total authorized amount)	