

Blenheim EquiSports

CREDIT CARD AUTHORIZATION FORM

Date: _____ Payment for: _____

Company Name: _____

Name on Card: _____

Billing Address: _____

City, State & Zip: _____

Phone Number: _____

___ VISA ___ MC ___ DISCOVER ___ AMEX

Card Number: _____

CVV Code: _____ Expiration Date: _____

Amount: _____

Authorized Signature: _____

Printed Name: _____