

# CREDIT CARD AUTHORIZATION FORM

**Credit Card Number** \_\_\_\_\_

**Exp Date** \_\_\_\_\_ **Name on Card** \_\_\_\_\_

**Credit Card Billing Address** \_\_\_\_\_

\_\_\_\_\_

**CVV** \_\_\_\_\_ **Cell Phone Number** \_\_\_\_\_

**All credit card transactions will be charged a 3% processing fee.  
Declined credit cards will be charged a fee of \$50.**

**Please complete this form and return it with your Nomination Form (s)  
to:**

[kkennedy.nhc@gmail.com](mailto:kkennedy.nhc@gmail.com) or

**Breeders Halter Futurity  
P. O. Box 181043  
Fort Smith, AR 72918**