

Credit Card Authorization Form

PLEASE COMPLETE THIS AUTHORIZATION & RETURN TO US.
PLEASE PRINT CLEARLY.
ALL INFORMATION WILL REMAIN CONFIDENTIAL.

Cardholder Name: _____

Billing **ZIP CODE (zip code must match card)**: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover

Credit Card Number: _____

Expiration Date (month and year): _____

Card Identification Number CVV (last 3 digits on the back of the credit card): _____

I authorize Cadence Equestrian Center, LLC to charge Cadence Riding Academy monthly fees to my credit card provided herein. These fees will be charged in advance between the **25th—31st of each month** for the upcoming month of the scheduled lessons to allow for complete processing. I agree that I will pay for this purchase in accordance with the issuing bank cardholder.

Cardholder – Print Name, Sign and Date Below:

Signed: _____

Date: _____

Name: _____

Phone Number: _____

Once signed return the completed form to the Cadence office or to your instructor.

Or please email to Office@cadenceequestrian.com