



**Dixie National Quarter Horse Show
Credit Card Authorization Form**

VISA or Mastercard ONLY

Card Number: _____

Name on Card: _____

Zip Code of Billing Address: _____ CVV #: _____

Expiration Date _____

Phone Number: _____

All credit card or debit card transactions are subject to a 4% convenience fee.

Signature: _____

Date: _____

Office Use Only

Date: _____ Initials: _____

Confirmation #: _____