

West Virginia Thoroughbred Breeders Association, Inc.

P.O. Box 626 Charles Town WV 25414

(304) 728-6868 Fax (304) 724-7870 website <u>www.wvtba.com</u> email <u>wvbreeders@gmail.com</u>

CREDIT CARD AUTHORIZATION FORM

I hereby authorize the West Virginia Thoroughbred Breeders to charge the credit card listed below for services rendered. I certify that I am authorized to complete this form and accept responsibility on behalf of the cardholder for the authorized charge.

Name as it appears on card:				
Billing address for card:				
City/State/Zip:				
Cell Phone	Home Phone	Business Phor	ne	
Return this form with your credit care	d information or include	de a check payable to WVTE	3A.	
Card Type: ☐ MasterCard	□VISA	□ Discover	\Box AMEX	
Cardholder Name (as shown on card)):			
Card Number:				
Expiration Date (mm/yy):		CVV Code:		
Authorized signature:				
Service requested (please check all t	hat apply):			
Membership (\$100 per individua	al) \$			
Stallion Application	\$	-		
WV Bred and/or Sired Certificat	ion \$	-		
Other (Describe service)		\$		
TOTAL AMOUNT TO BE CHARGED	\$			

Please use this form to apply your credit card as payment to any WVTBA fee: including Membership; Registration for West Virginia Bred and/or Sired; Stallion Application; or any other fees associated with WVTBA services. Please attach this form to the appropriate form for WVTBA service. Thank you.