



Dressage at Flintridge

Credit Card Request/Authorization Form:

Charges for: _____

Amount: _____

Card Type: MC _____ Visa _____ AMEX _____ Discovery _____

Card Number: _____

Expiration Date: _____ Security Code: _____

Name on card: _____

Billing Address: _____

City: _____

State: _____ Zip: _____

Card Holder Signature: _____

Phone: _____

Email: _____