



Horse Community Journals Inc.

PUBLISHERS OF:

Canadian Horse Journal

CANADA'S
Equine Guide

HORSEJournals.com

THE Hoofbeat
E-NEWSLETTER

Suite 202, 2400 Bevan Ave., Sidney, BC V8L 1W1 • 1-800-299-3799 • 250-655-8883 • Fax: 250-655-8913 • www.horsejournals.com • sales@horsejournals.com

Credit Card Authorization Form

If you wish to pay an invoice with your credit card, simply fill out Section A below and return this form to us by mail or fax to 250-655-8913. We will charge the total of the invoice to your credit card upon receipt.

If you wish to have your current and future invoices automatically charged to your credit card, please fill out Section B below and return this form to us by mail or fax. Please call if you have any questions or if you need assistance.

Please note that the credit card may be charged on the last business day prior to the invoice date.

SECTION A: ONE-TIME CHARGE

*CVV# is 3 digit number on back of card

M/Card Visa Am Ex Card Number: _____ Exp Date: _____ CVV# _____ *

Full name of Cardholder & Account Name: _____

Full Address: _____

(Address where credit card statement is sent)

By signing below, I grant Horse Community Journals Inc. permission to charge my credit card for the amount of the invoice stated below. I agree to pay that amount in accordance with the terms of my cardholder agreement.

X _____ / ____ / 20 ____ # _____ \$ _____
Signature of cardholder Date D/M/Y Invoice number Amount

SECTION B: RECURRING CHARGES

*CVV is 3 digit number on back of card

Notes/Comments: _____

M/Card Visa Am Ex Card Number: _____ Exp Date: _____ CVV# _____ *

Full name of Cardholder & Account Name: _____

Full Address: _____

(Address where credit card statement is sent)

By signing below, I grant Horse Community Journals Inc. permission to charge my credit card for invoices charged to the account (company/individual) stated below. I may revoke this permission in writing at any time and it shall be automatically revoked upon payment of the closing invoice on my account, should it be terminated for any reason. I agree to pay all amounts in accordance with the terms of my cardholder agreement.

X _____ / ____ / 20 ____ _____
Signature of cardholder Date D/M/Y Account Name