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## Credit Card Authorization Form

If you wish to pay an invoice with your credit card, simply fill out Section A below and scan/return email to accounts@horsejournals.com. Alternatively, you may mail it to the address below. 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. 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