

Atlantic Shores Riding Stables

Savannes Bay, Vieux-Fort, St. Lucia

Credit Card Authorization Form

To avoid disputes and / or fraudulent mis-use of a Credit Card, Banks and other Credit Cards Issuers require us to prove that the use of a card has been authorised and approved by the Card Holder and that at the time such approval is given, the card is in the possession of the Card Holder.

CARDHOLDER INFORMATION

Name on Card : _____
(Print name exactly as it appears on the credit card)

Billing Address : _____

City, State, Zip : _____ Country: _____

Email : _____ Telephone : (_____) _____ - _____

Issuing Bank Name /Telephone Number : _____

(The card information is subject to verification before transaction can be processed.)

PAYMENT AUTHORIZATION

Amount to Charge : _____ (USD)

*I authorize **Atlantic Shores Riding Stables** to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.*

Card Holder Signature _____ Date _____

For security purposes, once transaction is processed this portion will be shredded and/or email deleted

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa

Credit Card Number: _____ Expiration Date : _____

Please email form to atlanticshores758@gmail.com or fax to 1 758 454 8670