

Palm Beach County
Mounted Posse



CREDIT CARD APPLICATION

VISA
MASTERCARD

AMEX
DISCOVERY

*CARD NO. _____ - _____ - _____ - _____ EXP. DATE _____

CARD NAME _____ CVV # _____

BILLING ADDRESS _____ ZIP CODE _____

*SIGNATURE ON CARD: _____

PHONE # _____ RIDER NAME: _____

(OFFICE USE): TOTAL CHARGED: _____ DATE CHARGED: _____

*** If card declined after show close check out, credit card payment will no longer be available as payment option and you'll be charged a \$25 bank fee.**