



THE CAROLINA CLASSIC AT TRYON INTERNATIONAL EQUESTRIAN CENTER

Credit Card Authorization Form

(Use this form if you'd like to pay with a credit card instead of a check.)

Customer Name: _____ Date: _____

Billing Address: _____ Phone: _____

City/State/Zip _____

Credit Card Type: ☐ Visa ☐ MasterCard ☐ Discover

Credit Card #: _____ Expiration Date: _____

3-digit CVV code: _____

Payment amount: \$ _____ U.S.D. + 5% convenience fee of \$ _____ = \$ _____
(total authorized amount)

I hereby authorize Tryon International Equestrian Center to charge my credit card the above \$ amount.

Printed Name (as it appears on credit card)

Customer Signature

Payment For:

☐ Show Entries ☐ Stalls ☐ Sponsorship ☐ Other: _____