CKCSC SHOW ENTRY CREDIT CARD AUTHORIZATION FORM

_____Visa   _____Mastercard   _____Discover   _____American Express

Card#: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

Expiration Date: __ __

CCV: _____

I authorize Cavaliers of the West to apply the exact fee necessary to accomplish this transaction.

Name as it appears on card: _____

Signature of card holder: _____

TRANSACTION WILL NOT BE PROCESSED WITHOUT SIGNATURE