Tennessee Walking Horse National Celebration®



Printed Name

Credit Card Authorization Form



Name of Person (s) that I am authorizing to use this credit / debit card: Person(s) included in payment: Type of Card: (There will be a 3% Card Transaction Fee charged on all transactions on this card) Card Number: Card Holder's Name: Card Billing Address: _____ Telephone Number you can be reached during show (prefer cell): ______ Email address: I authorize The Celebration® to charge my credit / debit card for all charges that are associated with the show. Signature Date