



Campbell Valley Equestrian Society (CVES) Credit Card Authorization Form

I hereby give permission for CVES to use the credit card number provided to process the required fees

for: _____ being held on: _____

| | |
|---------------------|--|
| Name on Credit Card | |
| Credit Card Number | |
| Expiry Date | |
| CVC | |
| Signature | |



Campbell Valley Equestrian Society (CVES) Horse Trials Credit Card Release Information

I hereby give permission for CVES to use the credit card number provided to process the required fees for the Campbell Valley Horse Trials.

Date of Horse Trials: Aug 16 – 18, 2019

| | |
|--------------------------------|---------------------|
| Name on Credit Card | Sara Sellmer |
| Number on Credit Card | 5415 0927 5080 3814 |
| Expiration Date | 11/22 |
| CVC | 922 |
| Postal Code of Billing Address | 2 Phase |
| Signature | |