



NRHA Futurity/NAAC/Ancillary Credit Card Authorization

CONTACT INFORMATION (To be completed for the owner of the horse)

Name of Membership _____ NRHA ID # _____
 Address _____ City _____
 State/Province _____ Zip/Postal Code _____ Country _____
 Telephone _____ Email _____

HORSE(S) INFORMATION - Use this Credit Card for Horse(s) Listed Below

Competition Number	Horse's Name	Class Payment is For		
		<input type="checkbox"/> Futurity	<input type="checkbox"/> NAAC	<input type="checkbox"/> Ancillary
		<input type="checkbox"/> Futurity	<input type="checkbox"/> NAAC	<input type="checkbox"/> Ancillary
		<input type="checkbox"/> Futurity	<input type="checkbox"/> NAAC	<input type="checkbox"/> Ancillary
		<input type="checkbox"/> Futurity	<input type="checkbox"/> NAAC	<input type="checkbox"/> Ancillary
		<input type="checkbox"/> Futurity	<input type="checkbox"/> NAAC	<input type="checkbox"/> Ancillary
		<input type="checkbox"/> Futurity	<input type="checkbox"/> NAAC	<input type="checkbox"/> Ancillary
		<input type="checkbox"/> Futurity	<input type="checkbox"/> NAAC	<input type="checkbox"/> Ancillary
		<input type="checkbox"/> Futurity	<input type="checkbox"/> NAAC	<input type="checkbox"/> Ancillary
		<input type="checkbox"/> Futurity	<input type="checkbox"/> NAAC	<input type="checkbox"/> Ancillary
		<input type="checkbox"/> Futurity	<input type="checkbox"/> NAAC	<input type="checkbox"/> Ancillary
		<input type="checkbox"/> Futurity	<input type="checkbox"/> NAAC	<input type="checkbox"/> Ancillary
		<input type="checkbox"/> Futurity	<input type="checkbox"/> NAAC	<input type="checkbox"/> Ancillary

PAYMENT INFORMATION - There is a 3.5% convenience fee for paying by credit card.

Use this Card for ONE Time Payment Use this Card for ALL Remaining Futurity Payments

Name on Credit Card _____ Phone # _____

Billing Address _____

Same as Above _____

Visa Master Card Amex Discover

Credit Card Number:

Exp. Date:

--	--	--	--	--	--	--	--	--	--	--	--	--	--

		/		
--	--	---	--	--

3 or 4 digit CSV #:

--	--	--	--

Futurity Payment Number **1 2 3 4 5**

Total Payment Amount \$ _____

DIRECTIONS: Please fill out this form **COMPLETELY**. Please fill out one form per entry. The completed form should be mailed to the NRHA office or faxed to 580-759-3999 attention Futurity Entries. If sending by fax, please call 580-759-2424 to verify that the NRHA Events office has received this form. NRHA is authorized to charge the credit card listed below for the appropriate monthly payment amounts as stated in the 2019 NRHA Futurity Conditions. I understand that there will be a 3.5% service fee per payment per entry. I understand that NRHA offers this service as a convenience to Futurity entrants. I understand by completing, signing and returning this form to NRHA that I am authorizing NRHA to process my Futurity payments to the debit or credit card listed below. **NOTE: A declined or cancelled debit or credit card will be treated as an insufficient check, all declined debit or credit card payments are subject to all applicable late fees.**

RELEASE and WAIVER OF LIABILITY

I, _____, (participant) have read and understand the terms and conditions of the entry into the 2019 NRHA Futurity and agree to abide by those terms and conditions and the NRHA Rules and Regulations. I have the authority and hereby do, by making this entry, assume responsibility for and bind owner, rider and/or agent to the terms and conditions of this Release and Waiver of Liability. I warrant that I am of legal age and that I have fully read and fully understand the forgoing terms and authorize the NRHA to process credit or debit card payments in accordance with the payment schedule and terms outlined in the 2019 NRHA Futurity credit card payment authorization form and the 2019 NRHA Futurity Conditions.

Signature: _____

Date: _____