

CATCHRIDE, LLC dba CatchRide Academy

CREDIT CARD AUTHORIZATION FORM

DATE: _____ RIDER NAME: _____

NAME ON CREDIT CARD: _____

CREDIT CARD #: _____

SECURITY CODE: _____ EXP DATE: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

PHONE: _____

(for invoicing and notifications)

This form will authorize CATCHRIDE, LLC, dba Park Lane Academy to charge on a monthly basis the amount of the lessons plus any extras authorized by me, including but not limited to:

- Boarding Fees
- Temporary Boarding Fees
- Training / Lessons
- Additional services I request from CATCHRIDE
- Misc. Charges made by me or a member of my family
- Shots and Worming Fees
- Farrier services
-

Card Holders Signature _____

Date _____