



2019 FALL CLASSIC
RMQHA
CREDIT CARD AUTHORIZATION FORM

Visa, Mastercard or American Express

Card Number: _____

Name on Card: _____

Zip Code of Billing Address: _____ CVV #: _____

Expiration Date _____

Phone Number: _____

All credit card or debit card transactions are subject to a 3% convenience fee.

Signature: _____

Date: _____

Tab amount _____

3% Fee _____

Total Due _____

Office staff initials _____

Office Use Only

Date run: _____ Initials: _____

Confirmation #: _____