

## 2017 NRHA Derby One Time Credit Card Payment Authorization

**DIRECTIONS:** Please fill out this form **COMPLETELY**. Please fill out one form per entry. The completed form should be mailed to the NRHA office, faxed to 405-946-8425 or emailed to events@nrha.com attention Derby Entries. If sending by fax, please call 405-946-7400 to verify that the NRHA office has received this form. NRHA is authorized to charge the credit card listed below for the appropriate payment amount as stated in the 2017 NRHA Derby 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 Derby entrants. I understand that this election must be made 10 days prior to the due date of the payment in which I wish to pay, and this election will only be applicable for one payment and will only be cancelled upon written authorization by the entrant to the NRHA office. I understand by completing, signing and returning this form to NRHA that I am authorizing NRHA to process my Derby payment 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.

CONTACT INFORMATION	(To be completed by the own	ner of the horse)	NDHA ID #
		C'.	NRHA ID #
Address	7' 7 10 1	City	
State/Province	Zip/Postal Code _	Count	ry
Telephone ( )		Email	
DERBY INFORMATION			
Book #	Horse Name		
NRHA License #			
RELEASE and WAIVER OF	LIARILITY		
I.		. (participant) have read and u	understand the terms and conditions of the entry into
the 2017 NRHA Derby and agree	ree to abide by those terms and	d conditions and the NRHA R	ules and Regulations. I have the authority and
			ent to the he terms and conditions of this Release and
			derstand the forgoing terms and authorize the NRHA
			ns outlined in the 2017 NRHA Derby credit card
payment authorization form and			•
C:	·		Deter
Signature:			Date:
DATE OF THE PARTY	7		
PAYMENT INFORMATION		<b>a</b> v:	
☐ Visa ☐ Master Ca Credit Card Number:	ard	☐ Discover	Even Doto.
Credit Card Number:	<del></del>		Exp. Date:
3 or 4 digit CSV #:			
Name on credit card:		Phone:	
	FOR N	IRHA OFFICE USE ONLY	1
Date Received:			
Payment Month: 4 2			
Payment Month: 1 2			Amount \$
Late Fee:			Amount \$
Judges Fee:			Amount \$
Video Fee:			Amount \$
3.5% Charge			Amount \$
5.570 Onarge			Total \$
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