



PAYMENT AUTHORIZATION

Please include the name and ID number of the horse and/or member to whom the paperwork submitted belongs.

HORSE NAME: _____ LIC. #: _____
 OWNER: _____ ID#: _____
 CO-OWNER: _____ ID#: _____

Please fill out all applicable information when completing this form for payment. You may use this form if credit card payment is not an option on your existing document. The completed form may be submitted to NRHA via mail, fax or email.

Mailing Address: 3021 West Reno Avenue
Oklahoma City, Oklahoma 73107

Phone: (405) 946-7400

Fax: (405) 946-8425

Email: memberships@nrha.com

NRHA is authorized to charge the included credit card as a one-time payment method for applicable fees.

Submitted to NRHA this _____ day of _____ 2018.

Signature

CHECK (payable to NRHA) MONEY ORDER VISA AMEX MC DISCOVER WIRE TRANSFER (Circle One)

IF PAYING BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING:

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Card Number

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Exp. Date

Cardholder Signature