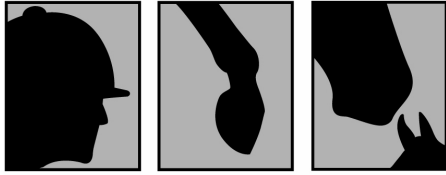


**OFFICIAL
USE**

DATE
REC'VD

PROCESSED
DATE



HORSE SPORT IRELAND

**FORM 7 – 2011
CREDIT CARD
PAYMENT FORM**

Cardholder's Name:

Cardholder's Address:

Contact telephone number:

**I AUTHORISE HORSE SPORT IRELAND TO CHARGE MY CREDIT CARD
AS FOLLOWS:**

Card number:

Expiry Date:

Card Security Code*

Visa: (please tick)

Mastercard:

Amount:

Signed:

Print name:

Date:

*** The card security code is the last three digits printed on the signature strip on the reverse side of the credit card**

This information will be destroyed once the transaction has been processed.