

Credit/ Debit Card Payment Form



Cardholder's Name:			
Cardholder's Address:			
Cardholder's Number:			
I AUTHORISE HORSE SPOI	RT IRELAND TO CHARGE MY CREDIT/D	EBIT CARD AS FOLLOWS:	
Card Number:		Expiry Date:	Card Security Code*
		1] [
Visa (please tick)	Mastercard: (please tick)	Amount:	
Signature:	Print Name:		Date:
Signature.	Fillit Name:		/ /
* The card security code is th	ne last three digits printed on the signature	estrip on the reverse side of th	e credit card

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

WE ACCEPT THE FOLLOWING CARDS: VISA, VISA DEBIT, MASTERCARD

Please Note – MAESTRO CARD IS NOT ACCEPTED