

eMail Address: _____

Credit Card Payments by Telephone

Use this form for any and all credit card payments taken over the phone.

Fill in all fields!

Date _____

Member Name _____ Member ID# _____

Joint member name _____ Member ID# _____

Charge _____ Code _____ Horse Name: _____

Charge _____ Code _____ Horse Name: _____

Charge _____ Code _____ Horse Name: _____

Charge _____ Code _____ Horse Name: _____

Reason for charge _____

Phone – (**Required**) (_____) _____

Address _____

City, ST, Zip _____

Email _____

How did you hear about TTA _____

Visa (4)

MasterCard (5)

American Express (3)

Card # _____ CVV # _____

Exp. Date _____

Name as printed on card _____

CC Billing address _____

City, ST, Zip _____

Staff person conducting call _____

****Please print this slip and any accompanying paperwork to MKR for Mail Log entry before processing charge.***