

# Oklahoma Horse Racing Commission

## Credit Card Authorization Form

Please complete all fields. This authorization will remain in our files per auditing purposes.

Credit Card Information			
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover <input type="checkbox"/> AMEX
	<input type="checkbox"/> Other _____		
Cardholder Name (as shown on card): _____		CVV: _____	
Card Number: _____			
Expiration Date (mm/yy): _____			
Cardholder ZIP Code (from credit card billing address): _____			

I, \_\_\_\_\_, authorize \_\_\_\_\_ to charge my credit card above for agreed upon purchases. I understand that my information will be saved and filed for auditing purposes.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

clerk initials: \_\_\_\_\_