



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 or email.

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

Phone: (405) 946-7400

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 on _____ (date).

Signature

PAYMENT Visa Discover MasterCard American Express

Card # Expiration Date (MM/YY) CSV #

Cardholder Name (Please print) Cardholder Signature Date

MAIL: NRHA; 3021 W. Reno Avenue, Oklahoma City, Oklahoma 73107 ~ EMAIL: memberships@nrha.com

FOR OFFICE USE ONLY

Rev. 11/2020

Date Received: _____

Invoice: _____