

(888) 205 - 6036 (505) 288-3905 operations@horizontrust.com
6301 Indian School Rd NE, Suite 200, Albuquerque, NM 87110

PART 1. ACCOUNT OWNER INFORMATION

First Name:	M.I.:	Last Name:	Account #:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last 4 SSN Digits:	Date of Birth: (MM/DD/YYYY)	Email Address:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

PART 2. CREDIT CARD INFORMATION

Payment Frequency *(Select One)*

Option A: Charge the credit card listed below, once, for the following amount: \$

Option B: Charge the credit card listed below for all annual fees.

Payment Method

Select a Credit Card Type: Visa Mastercard American Express Discover

Cardholder Name:

Card Number: Expiration Date: (MM/YY) Security Code:

Billing Address: Apt/Unit/Ste: City: State: Zip:

PART 3. AUTHORIZATION & SIGNATURE

Important: I certify that all information provided by me is true and accurate. All decisions regarding this credit card payment authorization are my own. I assume responsibility for any consequences that may result from this transaction and I agree that the custodian is not responsible for any consequences that may arise from executing this credit card payment authorization .

Signature of Account Owner:	Account Owner Name: <i>(Print or Type)</i>	Date: (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>