



CREDIT CARD PAYMENT

HORIZON TRUST COMPANY
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Albuquerque, NM 87110

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Operations@Horizontrust.com

CREDIT CARD INFORMATION

Charge Credit Card

I have read and understand the Self-Directed IRA Account Agreement regarding the credit card charge and I authorize the credit card payment by Horizon Trust Company for fees to establish the IRA account

Card Type Master Card Visa Discover American Express

Name on Card: _____

Card Number: _____

Billing Address For Card: _____

Expiration Date: _____

City/State/Zip: _____

Card Security Code (CSC): _____

I authorize Horizon Trust Company to initiate fees pursuant to the current Horizon Trust Company Fee Schedule for the below listed account numbers.

Account #: _____

Account #: _____

Account #: _____

Account #: _____

Account #: _____

Account #: _____

Signature of Card Holder : _____

Signature of Account Owner: _____