

I \_\_\_\_\_ Authorize Foy Trent Dog Shows, LLC to charge my credit card  
(NAME)

For services rendered amount to include the \$4.00 per entry fax fee (this is per dog per class)

Payment Type: Master Card or Visa

Account number : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

First name \_\_\_\_\_ Last Name: \_\_\_\_\_

Expiration Date: / (mm/yy)

CVC (code on back) \_\_\_\_\_

Phone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Apt. / Suite: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**FAX TO:** or  
Foy Trent Dog Shows, LLC  
Attention: Foy Trent

**Email:**  
[marla@foytrentdogshows.com](mailto:marla@foytrentdogshows.com)

(888) 685-8989

TO: Foy Trent Dog Shows LLC

FAX: 1-888-685-8989

From: \_\_\_\_\_

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