

CREDIT CARD AUTHORIZATION FORM

Company/Organizati	on:			
Credit Card #:			Exp. Date:(MM/YY)	
				(MM/YY)
Card Type: □ VISA	/ MasterCard	☐ American Express	□ Discover	
Card Security Code:	_			
Billing Zip Code:				
Cell Phone Number:				
E-mail address:				
AUTHORIZED SIG	SNATURE: _			
		(Signature)		(Date)
	_	(Printed name as it appears on th	e card)	
Additional Instruction	ıs:			
The payment informa				
Event Name:				
Event ID:				
		Players:		
Amount authorized to	charge credit	card for deposit/final pa	vment: \$	

Please contact us for your next golf outing, wedding, meeting or other special event.