

Credit Card Authorization
Knickerbocker Country Club

CARDHOLDER INFORMATION

Name: _____

Billing Street Address: _____

Street Address (cont.): _____

City: _____ State: _____ Postal Code: _____

Email _____ Telephone: _____

MEMBERSHIP INFORMATION

Membership Type: _____ (Example: Senior Couple)

Personal Cart: _____ YES _____ NO

Locker: _____ YES _____ NO

I authorize a one-time charge against my credit card for \$ _____

I would like to set-up a reoccurring charge on my credit card to pay my balance due in installments. I understand that my balance will be paid in 4 payments beginning upon receipt of this authorization and then on May 1st, June 1st, and July 1st.

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa Discover Card

Number: _____

Expiration Month: _____ Expiration Year: _____

Cardholder Signature _____ Date ____/____/____

Security Code: _____