

Springfield Golf Center

Credit Card Authorization Agreement

Date: ____/____/____

MIJO Corporation D/B/A Springfield Golf Center (Springfield) Has Granted Me/Us All Rights Of A Paid Player In Good Standing Under The Green Fees Pass Plan (Pass Plan) Selected Below, In Exchange For My/Our Promise To Pay The Pass Plan Fee In Installments. Having Paid 20% Of The Full Pass Plan Rate (As Stated In The Pass Plan Application) Up Front, I/We Agree To Pay The Installments Shown Below Until The Balance Is PAID IN FULL. I/We Authorize Springfield To Charge Each Installment On The Date Shown To The Credit Card Identified Below. Card Payment Is Optional; I/We May Instead Pay Each Installment By Check Or Cash By Its Due Date. I/We MAY NOT CANCEL MY/OUR OBLIGATION TO PAY THE BALANCE DUE. I/We May Revoke This Authorization By Written Notice To Springfield At 855 Jacksonville Road, Mount Holly, NJ 08060, Or proshop@springfieldgc.com; Revocation Applies To Payments Scheduled At Least Ten (10) Days After Springfield Receives It. This Agreement Does Not Limit Any Right I/We Have With My/Our Card Issuer. Revoking Or Stopping Payment Does Not Relieve Me/Us Of The Obligation To Pay The Remaining Balance, Which Is Then Due Immediately On Demand Unless I/We Pay Each Remaining Installment By Check Or Cash By Its Due Date. Late Or Missed Payments Will Result In Suspension Or Revocation Of Playing Privileges But Do Not Relieve Me/Us Of The Obligation To Pay The Balance Due. If Any Card Charge Is Declined Or Returned Unpaid For Any Reason (Including A Closed Account Or Insufficient Available Credit), I/We Will Be Charged \$25.00 Per Occurrence, Which Springfield May Charge To The Card, And Collection Action May Be Taken. This Authorization Ends When The Pass Plan Is Paid In Full.

Springfield Will Give Me/Us A Copy Of This Authorization And Will Notify Me/Us In Writing At Least Ten (10) Days Before Any Change In A Payment Amount Or Date (For Example, When Family Members Are Added).

Last Name, First Name (Please Print)		Signature	
Last Name, First Name (Please Print)		Signature	
Street Address		City	State Zip
Home Phone No.	Cell Phone no.	Email Address	

Pass Plan Type, Charge/Due Date, And Amount

Select One	Membership Type	03/01/2026	04/01/2026	05/01/2026	06/01/2026	07/01/2026	08/01/2026
☐	Unlimited Single	\$216.67	\$216.67	\$216.67	\$216.67	\$216.67	\$216.67
☐	Afternoon Unlimited	\$136.67	\$136.67	\$136.67	\$136.67	\$136.67	\$136.67
☐	Weekday Single	\$156.67	\$156.67	\$156.67	\$156.67	\$156.67	\$156.67
☐	Unlimited Family*	\$290.00	\$290.00	\$290.00	\$290.00	\$290.00	\$290.00
☐	Weekday Family*	\$206.67	\$206.67	\$206.67	\$206.67	\$206.67	\$206.67
☐	Senior Membership	\$143.33	\$143.33	\$143.33	\$143.33	\$143.33	\$143.33
☐	Junior Membership	\$80.00	\$80.00	\$80.00	\$80.00	\$80.00	\$80.00

*Payments Increase If Family Members Are Added.

Credit Card Information For Credit Card Charges
Credit Card Type: ☐ Visa ☐ MasterCard ☐ American Express (Credit Cards Only; Debit Cards Not Accepted)
Credit Card No.:
Expiration Date:
Name On Card:
Billing Address For Card: