



LAKEWOOD
NATIONAL
Golf Club

Credit Card Authorization

I hereby authorize Lakewood National Golf Club, Inc. to charge my listed credit card for the **MONTHLY** charges I have incurred at the Club. I understand that my credit card will be charged on the **5th day of every calendar month**; if the 5th falls on a weekend or Holiday, the debit will be processed on the following business day. I also understand that my card will be charged the full amount owed.

I understand it is my responsibility to advise the office if the credit card is cancelled and/or has a new expiration date to avoid a \$25.00 charge per incident of return debits.

Community Address: _____ **Unit:** _____

Printed Name: _____

Signature: _____ **Date:** ____/____/20__

Administrative Use Only

Date Received: ____/____/20__ Date Entered: ____/____/20__

Change Privileges to Member Billing



LAKEWOOD
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Credit Card Information

Card Type:			
Visa:	<input type="checkbox"/>	MasterCard:	<input type="checkbox"/>
Amex:	<input type="checkbox"/>	Discover:	<input type="checkbox"/>
Credit Card Number #:		_____	Exp. _____
Name as it appears on card: _____			
Billing Address:			

City:	_____	State:	_____
		Zip:	_____

Please enter the card information below OR bring your credit card into the office to setup.

Please note that this page will be shredded once the card information
has been entered into our secure database.