

All Mail: P.O. Box 193, Salinas, CA 93902 Location Only: 127 San Benancio Road, Salinas, CA 93908 Main: 831-484-1825 | Bookkeeper: 831-455-9386

## **CREDIT CARD AUTHORIZATION FORM**

## PLEASE COMPLETE THE FOLLOWING:

| Name of Card Holder:  |                        |
|---|------------------------|
| Billing Address:  |                        |
| Telephone Number:   |                        |
| Credit Card Number:   |                        |
| Expiration Date:  |                        |
| Security Code:  (Visa, MasterCard, Discover = 3-digit code on reverse)  (American Express = 4-digit code on front)  |                        |
| Circle Type: Visa <b>-or</b> - MasterCard <b>-or</b> - American Express <b>-or</b> - Discover   |                        |
| PLEASE MARK ONE OF THE FOLLOWING, COMPLETE WITH DATES, AND SIGN TO AUTHORIZE CHARGE(S):  (Please contact Bookkeeper, if further assistance is needed.) REGULAR PAY\$1,175 → DATE to charge: |                        |
| MONTHLY PAY\$1,295 → DATE to charge \$450:<br><b>– AND –</b>  |                        |
|   | DAY to charge monthly: |
| ACTIVE MILITARY PAY\$825 → DATE to charge \$100:<br>— <b>AND</b> –  |                        |
| $ ightarrow$ \$\( \to \text{OR} - \) $ ightarrow$ DATE to charge \$725:   | DAY to charge monthly: |
| TENNIS-ONLY MEMBERSHIP\$460 → DATE to charge:   |                        |
| Signature of Card Holder:   | Date:                  |