

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 -or- MasterCard -or- American Express -or- Discover Please M A R K charge(s) below, W R I T E date(s), and S I G N to authorize: BEAUTIFICATION FUND.....\$20  $\rightarrow$  Date to charge: (Due by Friday, May 31) EARLY.....\$665  $\rightarrow$  Date to charge: (Due by Friday, March 15) SPRING......\$725  $\rightarrow$  Date to charge: (Due by Friday, May 31) HERITAGE..... $\Rightarrow$  Date to charge:\_\_\_\_\_ (Due by Friday, May 31) SUMMER.....\$745  $\rightarrow$  Date to charge:\_ (Due beginning with Saturday, June 1) MONTHLY......\$745  $\rightarrow$  Day to charge monthly:\_\_\_\_ (Due \$149/month beginning March ending July) TENNIS-ONLY MEMBERSHIP.......\$360  $\rightarrow$  Date to charge: (Due at time of renewal or conversion) Signature of Card Holder: