



Credit Card Authorization Form
&
EZ Pay Authorization

CARDHOLDER INFORMATION

Today's Date: _____

Name: _____

Billing Street Address: _____

Street Address (cont.): _____

City: _____ State: _____ Postal Code: _____

Country: _____ Email _____

Address: _____

Direct Telephone: (_____) _____ - _____

CREDIT CARD INFORMATION

Credit Card Type: ☐ MasterCard ☐ Visa ☐ American Express ☐ Discover Card

Number: _____

Expiration Month: _____ Expiration Year: _____

Cardholder Signature X _____ Date ____/____/____

Security Code: _____

Office Use Only

****Note:** It is the cardholder's responsibility to notify the accounting office with any changes. You can email Becky Reed at Becky.Reed@thecrookedcreekclub.com