



AUTHORIZATION AGREEMENT FOR CREDIT CARD PAYMENT

Event Date: _____ **Event Contact:** _____

if applicable:

Member Name: _____ **Member Number:** _____

I (we) hereby authorize Palo Alto Hills Golf & Country Club, herein called Club, to charge my **credit card** below and if necessary, credit entries for any errors to my (our) account indicated below. Payment via credit card is subject to a 3% convenience fee which will be charged in your account.

Card Holder Name: _____

Card Billing Address: _____

Credit Card Name (circle one) Visa / Mastercard / Amex / Discover / Other _____

Credit Card Number: _____

Expiration Date: ____ / ____ / ____ **CVC Number (3-digit code):** _____

This authority is to remain in full force and effect until the CLUB has received written notification from me (or either of us) of its termination or until the event has concluded and been paid in full.

Print

Signature

Date

Print

Signature

Date

Note: Preferred method of payment is via check or direct wire. Credit card payments are offered and will be assessed a 3% processing fee. A credit card authorization form will be collected for all events *not* billed through a member account and will be used for payment if a check or direct wire has not been received for deposits or final payment per the terms of the contract. If your preferred method of payment is credit card, please advise.