



LAKEWOOD
NATIONAL
Golf Club

Credit Card Authorization

I hereby authorize Lakewood National Golf Club, Inc. to charge my listed card on a PER TRANSACTION basis at the time of service. I understand that my credit card will be charged immediately.

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__

Added to system: Initials: _____



LAKEWOOD
NATIONAL
Golf Club

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.