



COUNTRY CLUB

Credit Card Authorization Form

I, _____, hereby authorize Klinger Lake Country Club, to charge my credit card for the amounts invoiced.

Member Name (please print): _____

DISCOVER

VISA

MasterCard

Credit Card Number: _____

Expiration Date: ____ / ____ SEC Code: _____

Credit Card Billing Address:

Street: _____

City: _____ State: _____

Zip Code: _____ - _____ Country: _____

Telephone: () _____ - _____ Email: _____

Cardholder's Signature _____ **Date** _____

As the credit card holder, I also authorize Klinger Lake Country Club to charge my credit card for future purchases verbally (or written) approved by me.

If I do not pay my monthly statement within 30 days, my credit card will automatically be charged the full amount owed to Klinger Lake Country Club.

For automatic payments by credit card please check here _____. By checking this box you agree to have your card automatically charged on a monthly basis for any charges incurred at Klinger Lake Country Club.

Your completion of this authorization form helps us to protect you, our valued members, from credit card fraud. Klinger Lake Country Club will keep all information entered on this form strictly confidential.

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