



GUEST AUTHORIZATION FORM

Card # _____

Guest Full Name _____

Regatta _____

Home Address _____
Address City, St Zip

Home Phone No. (_____) _____ Alternative Phone No. (_____) _____

Club Name: _____ Club Ph. #: (_____) _____ Mbr #: _____

Credit Card Billing Information

Cardholder Name *(as it is on card)* _____

Credit Card Billing Address *(if different from above):*

Address City, St Zip

Credit Card Type *(Please Circle)* *Visa* *Mastercard* *Discover* *American Express*

Credit Card Number: _____ Expiration Date: _____ / _____

Card Identification Number: *(last 3 digits located on the back of the credit card)* _____

Authorized Users: *(full name required)*

1.) _____	4.) _____
2.) _____	5.) _____
3.) _____	6.) _____

Being the cardholder, by signing below I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize the Corpus Christi Yacht Club to charge my credit card.

Cardholder Printed Name: _____

Cardholder Authorized Signature: _____ Date: _____

For Internal Use Only:

☐ Trailer Tag Issued \$ _____ Tag Payment method *(Please Circle):* *Credit Card* *Cash* *Check #* _____

Total Amount of **ALL** transactions: \$ _____ (USD)

Receptionist Initials : _____ Date Card Issued: _____

For Internal Use Only:

NOTES:

[illegible]