

# 2018 Credit Card Authorization Form

COMPLETE THIS AUTHORIZATION AND RETURN TO LAKE MOHAWK POOL.

All information will remain confidential.

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

**Credit Card Type:** \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_ AmEx

**NOTE:** there is a 3% convenience charge for all Credit Cards

**Credit Card Number:** \_\_\_\_\_

**CC Expiration Date:** \_\_\_\_\_

**CC Identification Number:** \_\_\_\_\_

(last 3 digits located on the back of the credit card; for AmEx the four digits above the card number):

Amount to Charge: I authorize "The Lake Mohawk Pool and Spa, LLC" to charge the agreed amount listed on the attached Membership Renewal Information Sheet to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Print Name, Sign and Date Below:

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Name: \_\_\_\_\_

