



## Credit Card Charge Authorization Form

As a member of the Fairfield Golf and Country Club, I acknowledge that I am required to maintain a credit card on file and member charge account in order to charge meals, beverage, merchandise, dues, capital assessments and other such charges to my account. I will advise you of any change or update to my credit card information.

I also agree that I will not dispute any charges with my credit card company without first making a good faith effort to remedy the situation directly with Fairfield Golf and Country Club. I guarantee and warrant that I am the legal card holder for this credit card and that I am legally authorized to enter into this agreement with Fairfield Golf and Country Club.

A monthly invoice statement showing my monthly account activity will be mailed to me at the address indicated below. I will have until the **10<sup>th</sup>** of the month following this statement date to resolve any discrepancies and to settle my account on a timely basis. I further acknowledge that any unpaid balance to my account will be charged to this credit card on the **15<sup>th</sup>** of the month following the statement date.

Cardholder's Name (Please Print)

Credit Card (Circle 1): Visa    Master Card    American Express    Discover    Debit Card

Credit Card Number:

Exp. Date:

Security Code:

Billing Address:

I understand  
that when my credit card is charged, I will be notified by:

Text:

or Email

for the amount of the charge.

Cardholder Signature of Approval: