



COVERED BRIDGE & CHAMPIONS POINTE GOLF CLUBS



CREDIT CARD AUTHORIZATION FORM

Event Name: _____

Event Date: _____

Event Location: _____

Cardholder Information:

Name on Card: _____

Billing Address: _____

City, State, ZIP: _____

Phone Number: _____

Email Address: _____

Card Type: [Visa/MasterCard/American Express/Discover]

Credit Card Number: _____

Expiration Date: _____

CVV/CVC: _____

Terms and Conditions:

By signing this form, I authorize Covered Bridge Golf Club to charge my credit card for agreed-upon purchases, including but not limited to event deposits, final payments, damages, or any outstanding balances related to the event. I understand that a completed and signed Credit Card Authorization Form is required to secure my event date and that this form will be kept on file for the duration of the planning process. I acknowledge that all deposits are non-refundable, and final charges will reflect the terms outlined in my signed event contract. I agree to notify Covered Bridge Golf Club of any changes to my payment information and understand that failure to provide valid payment may result in cancellation of the event.

Cardholder Signature: _____

Date: _____