

## Temporary Yacht Club Account (Charging Privileges) for 2017 Open Bic Midwinter Championship

## <u>CAROLINA YACHT CLUB</u> Credit Card Payment Authorization Form

Please complete all areas below. You may return the completed form by: scanning then emailing it to MAUREEN@CAROLINAYACHTCLUB.COM, turning it in prior to Event, or turning it in during on-site check-in. Please note that waiting until onsite check-in to return the form will may mean a slight processing delay before your temporary club charge account can be set up.

## CARDHOLDER - Please complete the following section and sign/date below.

Cardholder Name as it Appears or	n Credit Card:			
Cardholder Billing Address:				
City:		State:	Zip:	
Cell Phone:	E-MAIL ADDRESS:			
Credit Card Number:		Expiration Date:		
Credit Card Security Code:				
Credit Card Type: (Circle one)				
Visa	Mastercard			
The Event: 2017 Open Bic Midw	inter Championship	E-MAIL ADDRESS	):	
	dholder agrees to be fina			ina Yacht Club for the Cardholder and all authorized ch temporary yacht club account for any and all goods,
	ub Account (please list a			thorized by the Cardholder to make charges on other guests of the Cardholder to be granted
By signing below, you authorize C	arolina Yacht Club to cha	arge your credit card (lis	ted above) for the tota	al amount due on your Temporary Yacht Club Account.

If you have any questions please contact: Maureen Richardson, Controller 843-973-3586, 50 East Bay street, Charleston, SC 29401