



**Temporary Yacht Club Account (Charging Privileges)  
for  
2019 CYC Open Regatta**

**CAROLINA YACHT CLUB  
Credit Card Payment Authorization Form**

Please complete all areas below. You may return the completed form by: scanning then emailing it to [ASHLI@CAROLINAYACHTCLUB.COM](mailto:ASHLI@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 on 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)		
<input type="radio"/> Visa	<input type="radio"/> Mastercard	
The Event: 2019 CYC Open Regatta	E-MAIL ADDRESS:	
The undersigned Cardholder requests to be granted temporary charging account privileges at Carolina Yacht Club for the Cardholder and all authorized persons listed below, and the Cardholder agrees to be financially responsible for all charges made to such temporary yacht club account for any and all goods, services and related taxes or fees.		
Additional Authorized Persons: In addition to the undersigned Cardholder, the following persons are authorized by the Cardholder to make charges on Cardholder's Temporary Yacht Club Account (please list any competitors, social guest ticket holders or other guests of the Cardholder to be granted charging privileges secured by Cardholder's credit card):		

By signing below, you authorize Carolina Yacht Club to charge your credit card (listed above) for the total amount due on your Temporary Yacht Club Account.

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CYC CLUB USE ONLY: \_\_\_\_\_ Date: \_\_\_\_\_**

Group Name: E-Scow National Championship		
CYC Temporary Yacht Club Account Number Assigned to this Account: E- _____		
Authorized Amount:	Approval Code:	Date:

**If you have any questions please contact: Jeanne Sanders, Staff Accountant 843-722-0209, 50 East Bay street, Charleston, SC 29401**