



SOUTHERN YACHT CLUB

Guest Credit Card Authorization Form

Today's Date: _____ Club Affiliation: _____

Event Name: _____ Dates: From _____ To _____

Card Type: _____ Visa _____ Master Card

Name as appears on Credit Card: _____

Credit Card Billing Street Address: _____

Credit Card Billing City: _____

Credit Card Billing State: _____ Zip: _____

Card Number: _____ Exp _____ CVV _____

Driver's License State: _____ Number: _____

Home Street Address (if different from Billing): _____

Home City: _____

Home State: _____ Zip: _____ Email: _____

Phone Number: _____ Type: _____ Mobile _____ Home _____ Other

I agree to allow Southern Yacht Club to charge the credit card I provided here for products and services received from the Club during the event or dates above.

Signature Date

To be completed by SYC: Clubessential Member Number _____

This form must be completed before guests may charge SYC services. Please write legibly. SYC will attempt to have your guest card available when you arrive. It is necessary to pre-authorize the credit card you provided here at the time you pick up your guest card. Please be sure to provide the same card for authorization as listed here.

You may return this form via: Email: frontdesk@southernyachtclub.org

Fax: 504-283-0621

By Hand: SYC reception desk on 2nd floor

USPS: 105 North Roadway

New Orleans, LA 70124