



Credit Card Authorization Form

TYPE OF PURCHASE (Gift Card/SCGA Membership/Tee Time/Other):

Gift Card SCGA Membership Other: _____

Tee Time – Date of Reservation: _____ Tee Time: _____

REQUIRED INFORMATION:

Name of Purchaser: _____

Credit Card #: _____ Exp. Date: _____

Security Code: _____ Billing Zip Code: _____

Total Amount Authorized: _____

Purchaser Phone Number: _____

Purchaser's Signature: _____ **Date:** _____

By signing, you authorize Angeles National Golf Club to charge the credit card given above. A \$9 (nine) fee will be added to the total amount for shipping and handling fees on gift cards. Gift cards will be sent by certified mail.

GIFT CARD INFO (Please complete this section if you would like the gift card to be mailed):

Name of Recipient: _____

Number of Gift Cards: _____ Amount of Each Card: _____

Name for Gift Card Mailing: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Include a Receipt? Yes No