

Please enter your payment information for Pro Shop charges and return this form to:

Beaver Meadows Golf Club

Mail: PO Box 1818, Cicero, NY 13039

Fax: 315-699-1643

Email: jackiej@ereportscenter.com

CREDIT CARD AUTHORIZATION

I authorize Beaver Meadows to charge my credit card for any charges that I may incur in the Pro Shop.

Credit Card Type (circle one): MasterCard Visa American Express

Card Number: _____ Expiration Date: _____

Print Cardholder's Name: _____ Member Number: _____

Cardholder Signature: _____ Date: _____

FOR OFFICE USE ONLY:

QB _____ XL _____