



CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN IT TO
OUR OFFICE BY FAX: (951) 769-1229 · BY EMAIL OR BY REGULAR MAIL.

STUDENT NAME: _____

Cardholder Name: _____ Signature: _____

Address: _____

Credit Card Type: _____ VISA _____ MASTERCARD _____ AMEX _____ DISCOVER

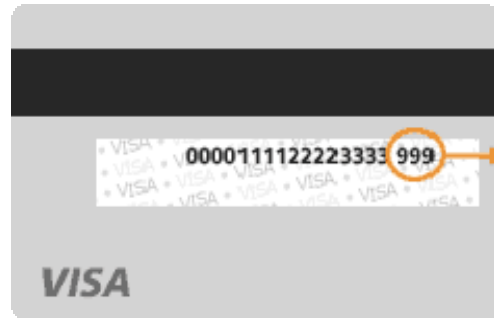
Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____

Billing Zip Code: _____

Card Identification Number

(last 3 digits): _____



**Card
Identification
Number**

Amount Charged: \$ 5,000 (USD)

Note: _____

FAX or send the authorization to:

Oak Valley Golf Academy
1888 Golf Club Dr.
Beaumont, CA 92223 U.S.A.
Phone (951) 769-7200 Fax (951) 769-1229