

2019 Kokopelli Klassic

PLEASE READ THIS BEFORE YOU CONTINUE: FORM MUST BE FILLED IN COMPLETELY AND SIGNED BY AUTHORIZED USER OF THE CREDIT CARD ALONG WITH A CLEAR COPY OF THE CREDIT CARD FAXED TO (702)346.7829 AND RECEIVED BEFORE ENTRY DEADLINE OF OCTOBER 1ST. FAILURE TO COMPLY WILL CAUSE DELAYS AND WILL NOT BE ABLE TO PROCESS APPLICATION.

(NAME AS IT APPEARS ON THE CARD)

“BY EXECUTING THIS AGREEMENT UNCONDITIONALLY AUTHORIZES OASIS GOLF CLUB TO CHARGE THE FOLLOWING CREDIT CARD:”

CREDIT CARD TYPE (PLEASE CIRCLE ONE) VISA (Debit)    VISA (Credit)    MASTERCARD  
AMERICAN EXPRESS    DISCOVER

CREDIT CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_ CW2 CODE \_\_\_\_\_

FOR THE AMOUNT OF \$ \_\_\_\_\_

CARDHOLDERS BILLING ADDRESS (REQUIRED)

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

BILLING: (AREA CODE + TELEPHONE NUMBER) \_\_\_\_\_

\_\_\_\_\_  
(CARDHOLDER AUTHORIZED SIGNATURE)

\_\_\_\_\_  
(DATE OF SIGNATURE)

I CERTIFY THE ABOVE STATEMENTS AND INFORMATION MADE IN THIS AGREEMENT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ALSO CERTIFY THAT I AM AN AUTHORIZED TO EFFECT CHARGES TO THE ABOVE CREDIT CARD NUMBER. IN THE CASE OF ANY ISSUES OR DISPUTES CONCERNING THIS TRANSACTION I WILL NOTIFY OASIS GOLF CLUB PROMPTLY TO RECTIFY THE SITUATION PRIOR TO NOTIFYING MY CREDIT CARD COMPANY