

2024
WHITEFACE CLUB & RESORT, LLC
CHARGE ACCOUNT APPLICATION

Please fill out this Form COMPLETELY

We will not be able to use last year's information.

Please do not use cards expiring before 12/31/2024 - if possible

Name: _____

Permanent Address: _____

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____ E-mail: _____

Name(s) of others authorized to charge on this account:

Name	Relationship to Cardholder	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Credit Card Information

Type of Card: Amex Visa Mastercard Discover (Please Circle One)

Credit Card Number: _____ Exp Date _____ CVS # _____

Signature of Cardholder: _____ Date: _____

Charging privileges are accepted at the Golf, Tennis, Marina & Restaurant locations. Please carry your membership card with you to present at time of payment. Your account will be billed on a daily basis, you will be invoiced monthly.