Limestone Bay Yacht Club, Inc.

Automatic Credit Card Billing Authorization Form

If you would like to enjoy the convenience of automatic billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

Customer Information					
Name:					
Phone:					
Payment Information					
	nestone Bay Yacht Club, o LBYC. Please start bil				
Credit Card Informatio	n ————————————————————————————————————				
Credit card typ	pe (check one) : [] Visa,	[] MasterCard, [] A	merican Expre	ess	
Credit card nu	mber:		_ Expires:		
Cardholder's r	name:		(as s	hown on credit card)	
Cardholder's 2	Zip code (required): (from credit card	d billing address)	(CVV #	_
	Customer's sig	nature:		Date:	

Please mail this form to LBYC, PO Box 185, Harrods Creek, KY 40027 Or fax to (502) 749-2669