



## CREDIT CARD AUTHORIZATION

### AABLI Alumni Network Golf Meetup

Friday, November 30, 2018 – First Tee Time at 1:30 PM at **\$40 per player**

Contract #: 123855-1

By providing the credit card authorization below, I/we, as the cardholder(s), hereby authorize American Golf Corporation dba **Chester Washington Golf Course** (the "Course") to charge my/our credit card indicated below to pay \$40 for the AABLI Alumni Network Golf Meetup event to be held at the Course pursuant to the above mentioned date, time, and amount that certain Private Event Confirmation Agreement between me/us and the Course to which this credit card authorization form is attached (collectively, "Event Payments").

I/We further agree that the authority granted herein shall remain in full force and effect unless and until the Course has received thirty (30) days' written notice from me/us of its revocation. I/We understand if any amounts are rejected by the credit card company, I/We must immediately make payment to the Course and that failure to do so may result in (i) the cancellation of my/our participation pursuant to the terms of the Private Event Confirmation Agreement; or (ii) the assessment of a late charge.

**I/We hereby authorize the Course to submit my/our Event Payments to my/our credit card(s) indicated below. This authorization shall remain in effect until revoked in writing and delivered to the Course.**

Please sign where indicated below. If signing electronically, you consent and agree that your use of a key board, key pad, mouse and/or other device to enter text or to perform a similar action constitutes your electronic signature, which is the legally binding equivalent to your handwritten signature. You further acknowledge and agree that the taking of any such actions by you evidences your intent to sign this agreement and your agreement and acknowledgment to all of the terms and conditions herein. You also agree that no certification authority or other third party verification is necessary to the validity of your electronic signature; and that the lack of such certification or third party verification will not in any way affect the enforceability of your signature or any resulting contract. By signing this agreement, you acknowledge that you have read, understood and accept the Electronic Signature Disclosure and Consent statement above and that you will not, at any time in the future, repudiate the meaning of your electronic signature or claim that your electronic signature is not legally binding. You further acknowledge and agree to use electronic records for this transaction. After submitting your electronic signature, a copy of this signed agreement will be emailed to you for your records.

Check which type of credit card:

Amount

MasterCard

Visa

American Express

Cardholder Name

Credit Card Number

3 Digit Code

Expiration Date

Billing Address

City, State, Zip

Sign then email [tjohnson@americangolf.com](mailto:tjohnson@americangolf.com)

Date