

PRESTIGE GOLF



ARRANGEMENTS

Credit Card Authorization Form

I authorize Prestige Golf Arrangements to charge the following card for payment.

Card Number: _____

Expiration Date: _____

Amount: _____

Street Address and Zip Code: _____

Name: _____

(As it appears on card) PLEASE PRINT

Signature: _____

Group Leader Name: _____

Arrival Date: _____

Return to:

Prestige Golf Arrangements, 1142 Druid Lake, Decatur, GA 30033 or
Fax (404)321.9551.