

**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 12/31/2009*

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    (please circle one)

Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

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.*