

Credit Card Authorization Form

Mailing Address:
Elkhart Lake's Road America, Inc.
Attn: Juls
PO Box 338
Elkhart Lake, WI 53023



This letter constitutes an authorization to use my credit card, (Visa, MC, Discovery, & Amex):

CC# _____ Exp Date: _____

CVV#: _____

Name as imprinted on card: _____

Billing Address: _____

City, State, Zip: _____

Phone Number: _____ - _____ - _____

Fax Number: _____ - _____ - _____

Email Address: _____

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For payment of fees associated with the event: **IMSA AUGUST 3-6, 2017**

2017 Golf Car Prices	Number needed:
4-pass = \$410 (3 day minimum), additional day \$137	<input type="text"/>
2-pass = \$330 (3 day minimum), additional day \$110	<input type="text"/>
Utility = \$440 (3 day minimum), additional day \$147	<input type="text"/>
6-pass = \$500 (3 day minimum), additional day \$167	<input type="text"/>
8-pass = \$600 (3 day minimum), additional day \$200	<input type="text"/>

Golf car(s) is needed the following days: Wed ____ Thurs ____ Fri ____ Sat ____ Sun ____

Authorized Signature of Cardholder: _____ Date: _____

Credit card information will be destroyed following the payment of all event-related expenses