

Date: _____

From: _____



I, _____, authorize Grayhawk Golf Club to charge my credit card in the amount of \$_____. For the purchase of:

Merchandise:	Gift Certificates:	Green Fees:
SKU#:	Amount:	Date of Play:
Quantity:	To:	Group Name:
Amount:	From:	Tee Time:
		Number of Players:
		Amount: \$

Shipping Charge: \$ (Plus 7.95% tax)

TOTAL: \$

Credit Card Holder Name: _____

Credit Card # _____ **Exp.** ____ / ____

Last 3 digits on the back side of card _____

Phone # () _____

Fax # () _____

Address: Street _____

City: _____ **State** _____ **Zip Code** _____

Signature: _____

By signing this agreement, I authorize Grayhawk Golf Club to bill my credit card for the total amount listed above.

**Please Fax Back To: (480) 502-3164 or Email : golfshop@grayhawkgolf.com
Questions contact the Golf Shop: (480) 502-1800
Thank You!!**