

WILL ROGERS POLO CLUB

CREDIT CARD PROCESSING FORM

MEMBER

First Name:

Last Name:

BILLING ADDRESS

Street Address:

City:

State:

Zip Code:

Telephone Number:

Email Address:

CREDIT CARD INFORMATION

Name on Credit Card:

Credit Card Number:

Expiration Date:

Security Code:

Check Card Type: Visa Mastercard Discover American Express

Signature or initial:

Would you like a receipt? Yes No

PLEASE RETURN BY

Email to felice@willrogerspolo.com

or

BY POSTAL MAIL TO:

Felice Densa

Will Rogers polo club

10947 Bloomfield Street #109

Studio City, CA 91602