



CREDIT CARD AUTHORIZATION FORM

I _____ authorize
NaturalGolfTravelClub.com/Jerry D. Martin to charge my credit card for one or all of the
services listed below. Please circle all that apply.

- | | |
|-------------------|-------------------|
| Private Lesson(s) | Golf Camp |
| Playing Lesson(s) | Land Travel Tours |
| Golf Clinic | Cruises |
| Golf School | Tournaments |
| Golf Equipment | All of the Above |

CREDIT CARD (please circle) Visa MasterCard American Express Discover

CREDIT CARD # _____

EXPIRATION DATE _____ CARD VERIFICATION NUMBER _____

NAME ON THE CREDIT CARD _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER _____

E-MAIL ADDRESS _____

SIGNATURE OF AGREEMENT _____ DATE _____

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