Confidential



Manual Credit Card Authorization

Date:	
* All fields are mandato	ory.
MEMBER'S DETAILS	
Member's Name	:
Membership No.	;
Contact No.	;
TRANSACTION DETAILS	
Transaction Type (Please tick/indicate)	 □ Golf Pass on (date) (tee-time) □ Renewal (Junior/Associate/Ordinary/Senior) □ Registration (Junior/ Associate/ Ordinary/ Senior) □ Upgrade Top-Up Difference (Junior/Associate/Ordinary/ Senior)
	□ Others:
CREDIT CARD DETAILS (VISA/MASTERCARD ONLY) Credit Card No. (Visa / Master Card only):	
	X X X X Please provide a valid local number for us to contact you to obtain the full card details
Credit Card Holder's Na	me :
Expiry Date	÷
Amount	:
I hereby authorize <i>my golf kaki</i> to deduct the above-mentioned amount from my credit card for the purpose indicated under Transaction Type above.	
Credit Card Holder's Sig	nature:
Performed By:	
my golf kaki	

Tel: 6342 5188

Website: www.mygolfkaki.com

Fax: 6348 9686

Business Reg. No.: 199907258K