



Credit Card Authorization

Membership Name: _____

Membership Number: _____

Credit Card Type: _____

Credit Card Number: _____

Credit Card Expiration Date: _____

Name on Credit Card: _____

Billing for this Credit Card is sent to the following address:

Both sides of credit card must be copied and attached to this authorization

Members must keep a valid credit card on file for the payment of dues and all other chargers incurred. Members may also make payment by check or cash. However, if payment is not paid when due, Kona Kai Resort & Marina is hereby authorized to debit the members credit cards. It is the member's responsibility to update their membership and credit card information including any change in credit card number, expiration date, billing address, telephone number or name change.

Authorized Signature

Date

INTERNAL USE ONLY:

Amount of Initiation Fee Collected: \$ _____

Payment Type: () Cash () Check () Credit

Date: _____

Club Management Approval: _____

Current Monthly Dues: \$ _____

Date charges begin: _____

Credit Card Monthly Auto Payment: () Yes () No

Accounting Approval: _____