



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