2023 Mother's Day Brunch@ Old Hickory Golf Club

CREDIT CARD AUTHORIZATION FORM

Please complete all fields in the following form and Email to trevisr@golfoldhickory.com: or call ahead **703-580-9000 ext 229**

| Credit Card Type: (circle one): | American Express | Visa | MasterCard |
|---|--|--------------------|-------------------------|
| Card Holder's #: | | | |
| Expiration Date (mm/yy): | Verification #:(For Visa/MasterCard the CVV # is the last 3 digits on the signature panel on the back of the card) | | |
| Card Holder's Name (as it appe | ears on the card): | | |
| Card Holder's Billing Address: | 是 是 然 经 第 | | |
| Card Holder's Phone #: | | <u> </u> | |
| preferred seating for all atten | to honor your seating requests dees. m Seating 1pm Se (Please Circle One) x \$39.00 = | | annot guarantee |
| # of Children (Ages 4-1 | 2): x \$17.00 = | | |
| (÷() | nder):= COMPLI | MENTARY | |
| | ets and reservation adjust ation form, the above indicate andable as of 12pm, Saturday | d cardholder fully | y understands that all |
| Please Charge: \$ A 6% VA State Sales Tax and (Total to equal number of guest | | to the card in | harge, dicated above |
| Authorized Signature: | | Date: | |