



**BANDON
DUNES**
golf resort
Jefferson Park
Master Account
Credit Card Authorization

Please Print Clearly

Name: _____ Group: _____

Dates of Stay: _____

Daytime Phone: _____ Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Name as it appears on the card: _____

Type of Card: _____ Credit Card Number: _____ Exp. Date: _____

I authorize Bandon Dunes Golf Resort to charge the credit card information provided in advance for rooms and golf and at the time of departure for all other charges posted to the group master account. The cancellation period for the room nights and golf rounds guaranteed by the credit card information above is 60-days (Nov.-April) and 90-days (May-Oct.)

Authorized
Signature: _____ Date: _____

Comments: _____

Please fax this authorization form back to your coordinator.

We look forward to your visit to Bandon Dunes Golf Resort.