



300 E. Wigwam Blvd.
Litchfield Park, AZ 85308
Phone: 623-935-3811 Fax: 623-535-1309

CREDIT CARD BILLING AUTHORIZATION
WEST COAST SWING GOLF GROUP

Name of the Guest Staying at the Wigwam: _____

Confirmation Number: _____

Arrival Date: March 1, 2017 Departure Date: March 5, 2017

I authorize my credit card to be charged for:

Total Package Price: \$1149.06

- 1st installment: \$383.02 – due 08/31/2016
- 2nd installment: \$383.02 – due 11/30/2016
- 3rd installment: \$383.02 – due 01/31/2017

Card Holder Information

Name (as shown on credit card): _____

Phone Number: _____ Fax: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Credit Card:	American Express ()	Visa ()
	MasterCard ()	Diners Club ()
	Carte Blanche ()	Discover Card ()

Credit Card Number: _____ - _____ - _____

Expiration Date: ____ / ____

Signature of Card Holder: _____

Email receipt: _____

“I authorize the Wigwam Resort to take payment as noted above at the time of the reservation. I am aware if the credit card transaction is not approved the guest will be asked for a form of payment upon check in”

FOR WIGWAM USE ONLY:
_____ Charged _____ Routed _____ Notes _____ Filed