



CREDIT CARD AUTHORIZATION FORM

CREDIT CARD INFORMATION		
Cardholder Name (As it appears on card)	Card Type	
	<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX	
Credit Card Number	Expiration Date	
BILLING INFORMATION		
Street Address	Suite/Apt Number	
City	State	Zip Code
Country	Telephone	Facsimile
Email address		

AUTHORIZATION AND SIGNATURE

I, _____, authorize Golf Buddy America Inc., to	
charge to the following described credit card for all purchase of products.	
_____ Signature	_____ Title
_____ Printed Name	_____ Date

Order can be submitted via fax or email

TEL: 888-251-6058 FAX: 888-441-5237
accounts@golfbuddyglobal.com