



### Credit Card Authorization Form – Rental Fees

Sign and complete this form to authorize the Lake Almanor Country Club (LACC) to collect payment by charging the credit card listed below.

By signing this form you give us permission to debit your account for the Rental Fees due in association with your Vacation Rental detailed on the LACC RENTER REGISTRATION Form.

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#### Please complete the information below:

I \_\_\_\_\_ authorize Lake Almanor Country Club to charge my credit card  
(full name)  
account indicated below for all Rental Fees due to LACC.

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Account Type:  Visa  MasterCard

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV2 (3 digit number on back of card) \_\_\_\_\_

Amount \$ \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize LACC to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

**Once completed please email, fax, or mail this form to:**

**Address: LACC, 501 Peninsula Drive, Lake Almanor, CA 96137-9555**

**E-Mail: [arlacc@frontiernet.net](mailto:arlacc@frontiernet.net)**

**Fax: 530-596-3877**