



Accounts Receivable Section
ORCHID COUNTRY CLUB
1 Orchid Club Road
Singapore 769162
Fax no: 6752 4254

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize **Orchid Country Club** to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on the date of receipt of the signed form. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize **Orchid Country Club** to
(full name in NRIC/PP)

charge my credit card account indicated below for _____
(amount SGD)

This payment is for _____

(description of goods/services)

Should you need any clarification, please contact me at:

Phone _____ Email _____

Account Type: ☐ Visa/MasterCard ☐ AMEX

Card issuing Bank _____

Cardholder Name _____

Credit card number _____

Expiry Date _____

SIGNATURE _____

DATE _____

I authorize the above named business 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, for the amount indicated above only, and is valid for one time use 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.