



# Bay Waveland Yacht Club

1 Yacht Club Drive  
Post Office Box 3715  
Bay St. Louis, MS 39521  
228-467-4592

[www.bwyc.org](http://www.bwyc.org) Email: [accounting@bwyc.org](mailto:accounting@bwyc.org)

## Credit Card Authorization

**Temporary Member Number:** \_\_\_\_\_

I hereby authorize the Bay Waveland Yacht Club to charge incidental balances to a guest account for (Member's Name(s): \_\_\_\_\_) on the \_\_\_\_\_ following credit card:

**Name on card:** \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip: \_\_\_\_\_

Club Affiliation: \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Billing Zip for Card:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**CVV:** \_\_\_\_\_

This authorization shall remain in effect until \_\_\_\_\_.

\_\_\_\_\_  
**Cardholder Signature**

\_\_\_\_\_  
**Date**