

# TORVIEW CLUB, INC.

P.O. Box 304 Stormytown Road Ossining, New York Torview.com (914) 941-5457

## CREDIT CARD PAYMENT FORM

This form is to be completed by the credit card holder.

Please Mail or Fax the form to Torview Club office.

**MAIL: TORVIEW CLUB, INC.** **FAX: (914) 923-3629**  
**P.O. Box 304**  
**Ossining, New York 10562**

### AMOUNT AUTHORIZED TO BE CHARGED:

#### FIRST YEAR MEMBERS:

Family membership dues and initiation: \$ \_\_\_\_\_  
Single membership dues and initiation: \$ \_\_\_\_\_

#### CURRENT MEMBERS:

Family membership seasonal dues: \$ \_\_\_\_\_  
Single membership seasonal dues: \$ \_\_\_\_\_

#### Please Print:

Member Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Type of Card: \_\_\_\_\_ Visa  
\_\_\_\_\_ Master Card

\_\_\_\_\_ I have read and understood all terms and conditions including the terms of cancellation policies. My payment and signature below constitute acceptance of those terms.

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_