



PAYMENT FORM

Date: _____ Activity _____

Name: _____

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____

Local Phone (_____) _____ Hotel _____

Amount \$ _____ Invoice # _____

Notes:

Payment Type

Visa

MasterCard

American Express

Cash

Check Number _____

Other _____

Credit Card Information:

Date Submitted ____/____/____

Approval _____

Card Number:

□ □ □ □ — □ □ □ □ — □ □ □ □ — □ □ □ □

Expiration Date: _____ / _____

Name as it appears on card _____

Cardholder Signature _____

I hereby acknowledge that my deposit / payment is non-refundable except as explained in the contract that governs my agreement with Cache Creek Outfitters.

Signature _____ Today's Date: _____