



Kebo Member's Charge Account

Kebo Valley Golf Club & The Links Pub

Name on the account: _____

Others allowed to charge: _____

Billing Address: _____

State: _____ **Zip Code:** _____ **Phone Number:** _____

Email: _____

Credit Card Number: _____

Expiration Date: _____

Security Code: _____ (3 digit code for VISA/MC; 4 digits for AMEX)

I hereby apply for a Kebo Member Charge Account, I am requesting a credit amount of \$ _____ (Limited to \$1000)

Please initial here _____

On the 1st of each month, you will receive a statement through our electronic billing system to your email listed above. (If you do not receive your bill by the 3rd of the month, please call the office at 207-288-3000 ext. 4 or email at office@kebovalleyclub.com)

I understand that all items charged at Kebo Valley Golf Club and/or The Links Pub are to be paid in full by check, cash or credit card no later than the 14th of each month. If payment has not been made in total, and/or payment is not processed, the credit card listed above will be charged in full. This is an automatic function; any funds received after the automatic transaction will be credited to your account or refunded if requested.

Please initial here _____

I hereby give Kebo Valley Golf Club the authority to charge any unpaid balance to my credit card listed above. I understand this is done automatically when the bill is not recorded as paid in full by the 14th of each month.

Please initial here _____

I assume the financial obligations for all those named above as having permission to charge.

Please initial here _____

Date ___/___/___ **Print Name:** _____

Sign Here: _____

* Any errors found on billing from Kebo Valley Golf Club or The Links Pub will be deducted from or added to your next monthly bill. Please fill out and return to kebo@kebovalleyclub.com and CC office@kebovalleyclub.com Any questions, contact Peiter DeVos.