



TOWER LINKS **تاور لينكس**

GOLF CLUB

RAS AL KHAIMAH
UNITED ARAB EMIRATES

CREDIT AUTHORIZATION FORM

Mr. /Mrs./Ms. :

P.O.BOX NO. : EMIRATE:

Contact Number. :

Authorizes : **TOWER LINKS LLC**

To Debit the total sum of AED.....(in words.....) .
against membership as per below schedule.

Date	Installment Number	Amount
	2 nd Installment	
	3 rd Installment	
	4 th Installment	

To my Credit Card, details are listed below:

CARD NAME	CARD NUMBER	EXPIRTY DATE

CARD HOLDER'S NAME :

AUTHORIZED SIGNATURE :DATE:

PAYMENT FOR Mr. /Mrs./Ms.:

TYPE OF SERVICES :

Tower Links LLC

P O Box 30888, RAK, UAE

Tel: +97172278553

Fax: +97172278444

Website: www.towerlinks.ae

Email: vijaycphilips@towerlinks.ae

Documents Required:

1. Passport Copy/Emirates ID
2. Card Copy (front and back)