



VIR MOTORSPORT COUNTRY CLUB CREDIT CARD AUTHORIZATION FORM

Use this form if you want to use a credit card for your VIR Club billing.

Card Type: Visa MasterCard Discover American Express

Card Number:

Expiration Date: - Card Code: Billing Zipcode:

Print Name As It Appears On Credit Card: _____

I hereby authorize Blue Chip Racing Resort, LLC, a.k.a, VIR Motorsport Country Club, to charge all applicable membership dues, event entry fees and other Club related charges, including any monthly revolving charges I may specify, to the above listed credit card:

Cardholder Signature: _____ Date: _____

I NEED CHARGE RECEIPTS SENT TO ME:

- By E-Mail: _____
- By Fax: _____
- No Receipt Needed. I will review my credit card statement on-line or monthly.

**HELP US PROTECT YOUR INFORMATION.
NEVER E-MAIL CREDIT CARD INFORMATION!**

**Fax or Mail This Form to:
VIR Club • 1245 Pine Tree Road • Alton, VA 24540
Phone: 434-822-7700 • Fax: 434-822-8033**