



CREDIT CARD AUTHORIZATION FORM

Use this form if you want to use a credit card for 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 or The Lodge at VIR, LLC to charge all Resort visit fees 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 Resort • 1245 Pine Tree Road • Alton, VA 24540
Phone: 434-822-2680 • Fax: 434-822-8033**