

The Savoyard Club

Membership Application

Mailing Address

Name: _____	Business Name: _____
Address: _____	
City: _____	State: _____ Zip: _____

Credit Card Information

Name: _____	Card Type: _____
Account Number: _____	CCV: _____
Expiration Date: _____/_____/_____	Zip: _____

Billing Address Same as above

Name: _____	Business Name: _____
Address: _____	
City: _____	State: _____ Zip: _____

Contact

Email: _____	Phone Number: _____
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Membership Agreement & Authorization

I do hereby authorize The Buhl Bar LLC to charge the above listed credit card for all unpaid charges on my Savoyard Club house account at the end of each month.

Signature _____ Date _____

Please email completed form to rick@buhlbardetroit.com