

# 2019 SMOKY MOUNTAIN ENCORE CREDIT CARD FORM



Total Amount \$ \_\_\_\_\_

Name (as it appears on card) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone (cell) \_\_\_\_\_

Email \_\_\_\_\_

Please check box as to how you would like to receive your receipt:  text on phone  
 email

Credit Type American Express  Visa  Mastercard  Discover

Credit Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_



3 or 4 digit number on the back \_\_\_\_\_

I \_\_\_\_\_ authorize the use of my credit card described above  
(Print Name as it appears on card)

for charges related to services provided by **Lynne Ogle Holbrook**

**Return this with your other registrations form(s) to:  
Lynne Ogle-Holbrook@ PO Box 32461, Knoxville, TN 37930  
Questions please email [Lynne@smokymountainencore.com](mailto:Lynne@smokymountainencore.com)  
or call 865-805-7025**