



HIGH DESERT GOLF CARTS ORDER FORM

Client Information:

Client First and Last Name: _____

Client Address: _____

Primary Contact Name: _____ Phone: ____ - ____ - _____

Email: _____

Secondary Contact Name: _____ Phone: ____ - ____ - _____

Email: _____

Order Details:

What will the cart(s) be used for?

Specific drop-off spot: _____

Event Name: _____ Event Address: _____

Drop Off Date/Time: _____ Pick-Up Date/Time: _____

| | |
|-----------------------|-------------------|
| Cart Type(s): | Quantity: |
|-----------------------|-------------------|

Payment Details: *We will need your card information to secure your reservation*

Billing Name: _____ Billing Address: _____

Card #: _____ Exp. Date: ____ / ____ CVV#: _____ Zip: _____

- Card (3% processing fee)
- Check (Please send payment to 851 Sw Spencer Ct., Prineville, Oregon 97754)