



Credit Card Processing Form
Monthly Dues

Card Account Number: _____

Card Expiration Date: _____

CVC2 (this is the 3 or 4 digit security number that is located on the back of all cards except for American Express- on the front): _____

Card holder name (as on card): _____

Charge Amount: \$ _____

Card Processing Fee: \$ _____

Total Charge: _____

Card holder **Billing** Address: _____

Card holder Billing Zip Code: _____

Charge Purpose: _____

Card Holder's Signature: _____

Card Holder's Signature serves to provide complete authorization for the charge stipulated above. Card Holder acknowledges that once the charge has been completed no refunds will be made under any circumstances. Credit Card issuers will be supplied a copy of this form in the event that any dispute arises pertaining to said charge. Card Holder waives all rights to dispute charge herein as notated by their signature herewith.

Please fax to 727-489-9504