

CREDIT CARD AUTHORIZATION FORM

TO:
Spruce Creek Property Owners' Association, Inc.
212-1 Cessna Blvd.
Port Orange, FL 32128
386-760-5884, FAX: 386-761-7808

DATE: _____

I, (name) _____ hereby give permission to the Spruce Creek Property Owners' Association, Inc. to bill/charge my credit/debit card in the amount of:

\$ _____ (include \$50.00 administrative processing fee).

This payment is to be applied to: LOT NUMBER _____.

PROPERTY ADDRESS: _____

Type of Card: (check one) Visa Master Card Discover

(check one) one time payment recurring payment

The card number is: _____

The expiration date is: _____.

The Cvv2 security code is (3 or 4 digit # on back of card): _____

My billing address for this card is:

Name on card: _____

Billing Address: _____

City-State-Zip Code: _____

Telephone Number of Cardholder: _____

Signature: _____

NOTE: All fields on this form must be completed. A charge will not be transacted unless all Data is supplied AND this form is signed.

A completed form may be hand delivered or mailed to the office at the above address or may be faxed to: 386-761-7808.