



CREDIT CARD AUTHORIZATION FORM

PRINT CLEARLY

Credit Card Information – Send to Bookkeeper Only (ConnorsC@flaglerschools.com)

Card Type: MasterCard VISA Discover AMEX

Business Name (please print): _____

Cardholder Name (as shown on card): _____

Card Number: _____ 3 or 4 Digit Code: _____

Expiration Date (mm/yyyy): _____ Zip Code (credit card billing address): _____

I, _____, authorize the Flagler Home & Lifestyle Show to charge the credit card above for agreed upon purchases. I understand that my information will be saved to file.

I, _____, authorize the Flagler Home & Lifestyle Show to charge my credit card the **7.5% credit card convenience fee** (of my purchase total) to the credit card above.

Customer Signature

Date

Print Name