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CREDIT CARD AUTHORIZATION FORM

Form of Payment, circle one: Visa, Discover, Amex, or MC

Credit card number: _____ Exp. Date: _____

CVV (3 or 4 digit code): _____ Billing Zip Code: _____

Name (as it appears on the above credit card): _____

Authorized Amount of Payment: \$ _____

Authorized Signature: _____ Date: _____

Contact Telephone Number: _____

Payment is for: (brief description of what payment is for, i.e. function name and date, gift card, etc.)

Please complete this form and return to Tropical Acres for credit card authorization. Thank you.