

# **SurfRider Condominium Association, Inc.**

1441 South Ocean Blvd.  
Pompano Beach, FL 33062  
(954) 785-8991

## **Credit Card Authorization Form**

Today's Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Unit \_\_\_\_\_ Week \_\_\_\_\_

Customer's Name: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Work: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Address (if different than billing address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*I hereby authorize the SurfRider Condominium Association, Inc. to charge my credit card in the amount of \$ \_\_\_\_\_. I agree that this cannot be cancelled or refunded once this form has been signed and submitted to the SurfRider Condominium Association, Inc.*

***There will be a 5% processing fee for this service.***

*Should there be any dispute regarding your charges there will be an additional fee of \$20.00.*

\_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ American Express

Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ / \_\_\_\_\_  
Month / Year

Security Number (last 3 digits on back of card): \_\_\_\_\_

Signature: **X** \_\_\_\_\_

***Please fax this sheet back to  
954-782-2338***