

SurfRider Condominium Association, Inc.

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

Credit Card Authorization Form

Today's Date: / /

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/ Email this sheet back to with a picture of card and
ID.***

954.782.2338