



7525 NW 88th Ave #103
Tamarac, FL 33321
954-722-1520

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize the Tamarac North Lauderdale Chamber of Commerce to make a onetime debit to your credit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional debits or credits to your account.

Please complete the information below:

I _____ authorize the Tamarac North Lauderdale Chamber of Commerce to charge my credit card account indicated below for _____ on or after _____.

This payment is for \$ _____

Billing Address _____ Phone Number _____

City, State, Zip code _____ Email _____

Account Type: Visa MasterCard AMEX Discover

Name on Card _____

Card Number _____

Expiration Date _____

Zip code _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated on this authorization form according to the terms outlined above. This payment authorization is for the good/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated on this form.