



## CREDIT CARD AUTHORIZATION FORM

(USE THIS FORM IF YOU D LIKE TO PAY WITH A CREDIT CARD INSTEAD OF A CHECK)

Customer Name \_\_\_\_\_ Date \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_ Phone \_\_\_\_\_

City/ State \_\_\_\_\_ Zip \_\_\_\_\_

Credit Card Type:      Visa                      Master Card                      Discover                      American Express

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Exp Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

CVC# \_\_\_\_\_                      Authorization Code: \_\_\_\_\_

Payment Amount \$ \_\_\_\_\_ USD + 5% convenience fee of \$ \_\_\_\_\_ = \$ \_\_\_\_\_

I hereby authorize FRHA to charge my credit card the above \$ amount.

\_\_\_\_\_  
Printed Name (as it appears on the credit card)

\_\_\_\_\_  
Customer Signature