



CREDIT CARD AUTHORIZATION and PAYMENT FORM

<p>Payment By Credit Card: Complete form and fax to: 954-767-4701 DO NOT EMAIL THIS FORM WITH CREDIT CARD INFORMATION</p>	<p>Payment by Check: Complete top portion of form and mail with check to: FACCM 1095 Military Trail #8619 Jupiter, FL 33468</p>
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Charges for:

- FACCM Dues
- SEEDS Dues
- APPLE Fees: _____(description of fee)

Member ID: _____

Amount of Charge \$ _____

Center Name: _____

Address: _____

Credit Card Type: Visa Mastercard Discover Amex

Card Number: _____ (please print clearly)

Name on Card: _____

Expiration Date: _____ CVV Code: _____

Address: (where credit card statement is received) _____

Zip Code: _____

Authorized Signature: _____

Forms with incomplete or illegible information will not be processed.