



FLORIDA MUNICIPAL SERVICES, INC
CREDIT CARD TRANSACTION
AUTHORIZATION FORM



NAME ON CARD: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CARD #: _____

MASTERCARD__ VISA__ DISCOVER__ DINER'S CLUB__

AMOUNT: _____

ADDRESS: _____

PERMIT#: _____

EXPIRATION DATE: _____

CONTACT PHONE #: _____

CONTACT FAX #: _____

CONTACT EMAIL: _____

PRINT AUTHORIZED NAME: _____

AUTHORIZED SIGNATURE: _____