

North Florida Communications

Credit Card Payment Authorization

Customer/Company Name: _____ Our Invoice Number: _____

Type of Card: Visa Mastercard Amex Expiration Date (Month/Year): ____ / ____

Name of Cardholder _____

Credit Card Number _____

*Address on Credit Card Billing Statement**

Street Address: _____

City: _____ State: _____ Zip _____

Amount Of Payment: \$ _____

Comments:

Signature: _____

I hereby authorize the above charge.

**Our Merchant Account provider uses an address verification system to prevent credit card fraud.*

Fax to (352)378-7773