



CREDIT CARD AUTHORIZATION FORM

Date: _____

*Please print out and complete this Authorization Form.
Return it by emailing to jim@jabyrd.com*

NAME: _____ CONDO: _____

Cardholder's Name: _____

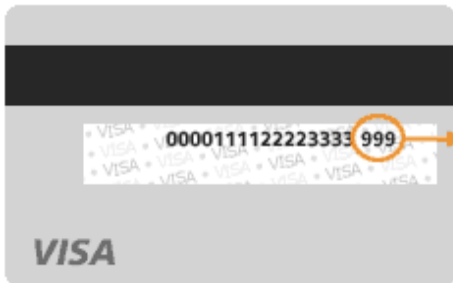
Address: _____

Credit Card Type:
_____ VISA _____ MASTERCARD _____ DISCOVER _____ AM. EXPRESS

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____ Billing Zip Code: _____

Card Identification Number (last 3 digits located on the back of the credit card/ 4 digits on front of American Express): _____



Amount Charged: \$ _____ (USD)

Apply Amount to:

_____ Deposit

_____ Other: (Please specify) _____

Signature: _____

Please check one:

ONE TIME CHARGE _____

CHARGE THIS CARD ON THE FIRST DAY OF EACH MONTH for the amount above

Until notified by cardholder _____

Email the authorization to:

J.A. BYRD & CO.

jim@jabyrd.com

www.jabyrd.com