Florida Intelligence Unit
Credit Card Authorization Form

Name on Card	First:		Last:	
Agency:				
Billing Address:				
City, State, Zip				
Phone:		Email:		
Card Use	☐ Visa	☐ Master Card	☐ Am X	
Card Number:				
Exp Date (MM/YY)		Security Code:		
Purpose of Charge:	☐ Membership	☐ Conference Registration	☐ Vendor	☐ Donation
Total Amount:	$			

Please list the names of the members/attendees covered by these charges:

☐ I certify that I am the authorized holder and signer of the credit card reference above. I certify that all information above is complete and accurate.

☐ I hereby authorize collection of payment for all charges as indicated above. Charges may not exceed the amount listed above in the "AUTHORIZED AMOUNT" field. If additional charges are going to be authorized a new form will have to be completed.

Cardholder Name: Date:

You are signing this electronically; you agree your electronic signature is the legal equivalent of your manual signature.