Payment Card Authorization Form
Florida PAL, INC

Master Account Information	
Event Name	
PAL Chapter Name	
PAL Chapter Executive Director's Name	
Amount to Charge US$	

Payment Card Information			
Name on Payment Card			
Payment Card Number		**Expiration Date**	
Type of Card	☐ Visa ☐ MC 3 digit code_____		

Cardholder's Billing Address:					
City		**State**		**Zip**	
Phone		**Email**			
Cardholder's Street Address (if different)					
City		**State**		**Zip**	

I, as the Cardholder, authorize Florida PAL, to charge the payment card indicated above for the total amount indicated above, and agree to pay that amount in accordance with my card issuer agreement.

Authorized Cardholder:	Signature:
	Print Name:
Date	

If Additional Monies Due	
Should additional monies be owed that are incurred in connection with the Event, I, as the Cardholder, authorize Florida PAL, to charge the balance to the payment card indicated above and agree to pay any such additional monies owed in accordance with my card issuer agreement.	
Authorized Cardholder:	Signature:
	Print Name:
Date	

Please EMAIL to Flpalmembersconnect@sfapal.org

For additional information contact Rhonda or FL PAL Bookkeeper at 904-642-1412

Thank you for your business.