



Authorization for Credit Card Payment

Name of Requestor: _____

Name of Cardholder: _____

Billing address _____

City/State/Zip _____

Cardholder Phone# _____

Cardholder email _____

Amount , *please note a 3% processing fee will be added to the amount authorized*

\$ _____

Card # _____

Expiration Date _____ Security Code _____

Signature of Cardholder _____

Today's Date _____

Association Capital Recovery
14286 Beach Blvd Suite. 19-397
Jacksonville, Florida 32250