FLORIDA EXPLORERS ASSOCIATION

CREDIT CARD AUTHORIZATION FORM

CARDHOLDER INFORMATION

First Name _____ **M.I.** _____ **Last Name** _____

Address _____

_____ Fl _____

City *State* *Zip Code*

Phone Number _____ **Email Address** _____

CREDIT CARD INFORMATION

Card Type: ☐ Visa ☐ Mastercard ☐ American Express ☐ Discover

Card Number _____

Expiration Date _____ **CVV / Security Code** _____ **Name on Card (if different)** _____

MM / YY

PAYMENT INFORMATION

Payment Amount _____ **Payment Description / Purpose** _____

Payment Type: ☐ One-Time Payment ☐ Recurring Payment ☐ Fee's for 2026-2027

If Recurring, Frequency: ☐ Monthly ☐ Quarterly ☐ Annually

AUTHORIZATION AGREEMENT

I authorize Florida Explorers Association to charge the credit card indicated above for the amount stated.
I understand that my information will be saved on file for the purpose of processing this and any agreed-upon future transactions.

☐ I authorize Florida Explorers Association to keep my credit card information on file for future transactions. I will be contacted and must provide approval before any additional charges are processed.

☐ I certify that I am an authorized user of this credit card and will not dispute this transaction, so long as the transaction corresponds to the terms indicated in this authorization form.

_____ _____

Cardholder Signature *Date*

_____

Printed Name