



FOP Lodge 128

Account Type: Visa, MasterCard, AMEX, Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) \_\_\_\_\_

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Amount: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form. I certify that I am an authorized user of this credit card and that I will Not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form. I agree/understand that a \$5.00 convenient fee will be added to my purchase for the use of the credit card.

