



F L O R I D A

# Credit Card Authorization Payment Form

PLEASE FILL THE FOLLOWING INFORMATION AND  
FAX IT TO US AT 321-221-0361

WE ACCEPT VISA, MASTER CARD, DISCOVERY AND AMERICAN EXPRESS.

Invoiced Number: \_\_\_\_\_ PO Number: \_\_\_\_\_ Date: \_\_\_\_\_

Total Payment: \$ \_\_\_\_\_

Card Type:  Visa  MasterCard  Discovery  American Express

Card Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Card Security Code # \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I Certified that all the information is true and is correct. I accept all the responsibility with the respective payment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: The information received is confidential and for use only in this work or service rendered.

### FOR SUNDAX USE ONLY

\_\_\_\_\_ACCEPTED \_\_\_\_\_DECLINE \_\_\_\_\_INSUFFICIENT INFORMATION

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_

890 CARTER ROAD, SUITE 180 WINTER GARDEN, FL. 34787  
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