

Sydgan Corporation

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Credit Card Charge Authorization Form

5% Processing Fee

___ One time charge on _____ in the amount of \$ _____

___ Recurring charge from _____ to _____ in the amount of \$ _____

Resident's Name: _____ **Unit /Suite#** _____

Name Which Appears on Card: _____

Billing Address (Where your statements/bills are mailed):

_____ **City** _____ **State** _____ **Zip**

Phone Number: _____

Email Address (for receipt purposes): _____

Credit Card Type: VISA MASTERCARD AMEX

Card Number: _____ **Exp. Date:** _____ **CVV2:** _____

Signature Print Name Date

Taken By Print Name Date