

Credit Card Authorization Form

CREDIT CARD AUTHORIZATION FORM – FOR PAYMENT TO
Florida Air Academy
1950 South Academy Drive, Melbourne, Florida 32901

DATE _____ \$ AMOUNT AUTHORIZED _____

CADET NAME _____ CADET NUMBER _____

EXACT NAME ON CREDIT CARD _____

ADDRESS _____ ZIP CODE _____

TELEPHONE NUMBER TO INCLUDE AREA CODE _____

CREDIT CARD TYPE (VISA, AMEX, MASTER CARD) _____

CREDIT CARD # _____ - _____ - _____ - _____ EXPIRATION DATE _____

AUTHORIZATION CODE # _____ (Last 3 digits on reverse of credit card)

I authorize this payment. _____ Cardholder Signature