



MidBeach Neighborhood Association, Inc.

www.midbeach.net

mbna@midbeachna.com

CREDIT CARD AUTHORIZATION FORM

Date: _____/_____/_____

CREDIT CARD OWNER NAME: _____

NAME OF CONDOMINIUM ASSOCIATION or HOTEL: _____

Office Phone: _____ Cell Phone: _____

E-Mail: _____

CREDIT CARD TYPE:

- () VISA
- () MASTERCARD
- () DISCOVERY

CREDIT CARD NUMBER : _____

CVV CODE (3 DIGITS) on back of card: _____ EXP. DATE: _____/_____/_____

CREDIT CARD OWNER ADDRESS:

_____ Miami Beach, Fl Zip Code: _____

AMOUNT AUTHORIZED \$: _____

FOR: _____

I AUTHORIZE **MID BEACH NEIGHBORHOOD ASSOCIATION, INC.** TO CHARGE THIS AMOUNT ON MY CREDIT CARD. A 2% Fee will be added.

PRINTED NAME OF AUTHORIZED REPRESENTATIVE: _____

SIGNATURE: _____

PLEASE SUBMIT THIS COMPLETED AUTHORIZATION FORM TO MBNA@MIDBEACH.COM