



ASSOCIATION LAW GROUP

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Credit Card Authorization Form

Please fill out the form completely, sign it, and fax it back to **(305) 938-6919** or mail it to our office at **P.O. Box 415848, Miami Beach, FL 33141**.

I authorize Association Law Group, PL to process the following transaction to this credit card. I acknowledge that I am the authorized signor and that this authorization is valid until I provide you with written cancellation.

Name on Card

Billing Address of Card

City/State/Zip Code

Main Phone number

Alternate number

Card Number

Card Type: MC VISA DISC

Expiration Date

Card ID number (3 digit code on back signature panel of card)

Authorized Signature

Date

Association Name

Property Address

Property City/State/Zip

Account Number

Amount