

## **2021 Credit Card Payment Authorization Form**

Please complete the information below		
I authoriz	ze Emerald Coast Boat & Lifestyle Sho	ow to charge my credit card account fo
(printed full name) \$ on or after	. This payment is for	
\$ on or after (amount) goods/services)	(date)	(description of
Company	Representative	
Billing Address	Phone	
City, State, Zip	Email	
Account Type (circle one): Visa	Mastercard AMEX	Discover
Cardholder Name		
Expiration Date  CVV2 (3 digit number on back of Vis  A 3.5% credit card processing fee w	sa/MC, 4 digits on front of AMEX) _	
SIGNATURE	DATE	

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above. Plus the additional credit card fee of 3.5 percent. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

The Emerald Coast Boat & Lifestyle Show 1500 W. 11<sup>th</sup> Street Panama City, FL 32401 Fax: (850)233-3880