



- Lighthouse Cove I
- Lighthouse Cove II
- Lighthouse Cove III
- Lighthouse Cove IV

Date: _____

Unit: _____ Week: _____

For us to process your request to charge your credit card for your Association assessments, we must have proper authorization on file. Please complete this form, sign and return to us as soon as possible so that we may process this transaction.

CREDIT CARD AUTHORIZATION
(all information on this form MUST be completed)

Name (As it appears on card): _____

Billing Address: _____ City: _____

State: _____ Zip Code: _____

Mastercard Visa American Express Discover

Account Number: _____

Expiration Date: _____ CVV Code: _____

Telephone Number: _____

Total Amount to be charged (US Dollars): \$ _____

Email: _____

I hereby grant Osceola Resort Realty Company, as agents for the above referenced Association, to charge my credit card for the assessments as indicated above.

Authorized Signature Telephone Request: Clerk Initials: _____