

ALL POINTS ACCOMMODATIONS, INC

11125 Park Boulevard, Suite 104-144 * Seminole, FL * 33772

Ph: (727) 399-8277 * Fax: (727) 399-8437

www.allpointsacc.com

Member Name(s): _____ Acct#: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone: _____ Email: _____

Authorization for ANNUAL Credit Card Draft

Please fill out the information requested below to automatically charge your yearly payment. You'll never miss a payment. Always be on time. No late fees.

You may discontinue this auto charge at any time, simply by notifying us in writing by mail or fax that you no longer wish you payment to be charged.

Thank you.

I, _____ give *All Points Accommodations, Inc.*

authorization to automatically charge my credit/debit card in the amount of

\$ _____ every _____ (month due).

Name, as it appears on card: _____

Credit/Debit Card Number: _____

Expiration Date: _____ CVC#: _____ (security code – 3 digits)

Signature of Card Holder: _____

Date of Signature: _____