

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 MONTHLY Credit Card Draft

Please fill out the information requested below to automatically charge your monthly payment each month. 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 each month in the

amount of \$ _____ for _____ months. Payments will begin

_____ and final payment date is _____.

Name, as it appears on card: _____

Credit/Debit Card Number: _____

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

Signature of Card Holder: _____

Date of Signature: _____