



FAHCS – 800 Ocala Rd., Suite 300-220, Tallahassee, FL 32304

Phone: 919-387-1221; Fax: 919-249-1394

www.FAHCS.us - info@FAHCS.us

CREDIT CARD CHARGE AUTHORIZATION FORM – FAX to 919-249-1394

Please fax your Credit Card information to secure fax number below

The credit card form must be filled out completely, or payment will be declined and not processed.

Date: _____

Business Name: _____

Contact Name: _____

Phone Number: _____

E-mail Address: _____



(CIRCLE CARD TYPE or write choice here _____)

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

V-Code (3 digits) _____

(Back of card, Amex is 4-digit code on front of card)

Name on Credit Card: _____

Billing Address of Credit Card: _____

Charge Amount \$ _____ **Item Purchased:** _____

Cardholder's Signature: _____

EIN # 35-2363432