



## **Credit Card Authorization Form** **For Jacaranda Residence Facility**

Please complete the following information and mail form to:

SFSC Foundation, Inc.  
600 West College Drive  
Avon Park, Florida 33825  
(863) 453-3133

Date: \_\_\_\_\_

**Student Name** (for Jacaranda Residence Facility): \_\_\_\_\_

I hereby authorize the South Florida State College Foundation to charge my credit card as follows:

Type of Credit Card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3-Digit Security Code \_\_\_\_\_

Amount: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

**We accept:**

