

Credit Card Authorization Form

CasitaKeyWest.com
Aida Salazar-Rebull
RSA Investment
Group.LLC
PO BOX 560482
Miami FI 33256-0482

INSTRUCTIONS

1. Complete form with credit card billing information
2. Sign where indicated
3. Submit this form back to Casitakeywest.com by fax

SUBMIT TO:

1-786-551-0202
CasitaKeyWest.com:
ATTN: Credit Card Billing

Date _____ Invoice Ref. # _____
(Optional)

* Cardholder Name: _____

* Credit Card Visa MasterCard American Express

* Card Number: _____

* Expiration Date: _____ * CVV Number: _____ *(3-4 Digit Security Code)*

* Billing Address: _____

* City: _____

* State/Province: _____ * Zip/Postal Code: _____

* Country: _____

* Phone Number: _____

Email Address: _____

I authorize Aida Salazar-Rebull/CasitaKeyWest.com. to charge my credit card in the amount of:

\$ _____ USD *(U.S. Dollars)*

* Printed Name: _____

* Signature: _____

* Date: _____ * **Required Fields**

FOR CASITAKEYWEST.COM INTERNAL USE ONLY (do not complete this section)

DATE	FROM:	TO	CHARGED BY	AUTH CODE	NOTES