



**Credit Card Transaction Form**

Florida RV Trade Association  
Phone: 813-741-0488 Fax: 813-741-0688  
E-Mail: info@frvta.org  
Credit Card Number is NOT kept on file.  
Send with appropriate contract/forms.

Approve to Process  
\_\_\_\_\_

Date Transmitted to Association \_\_\_\_/\_\_\_\_/\_\_\_\_

Total # Pages: \_\_\_\_\_

Company: \_\_\_\_\_

Complete Name on Credit Card: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

Credit Card Billing City/State/Zip: \_\_\_\_\_

Amount of Charge: \$ \_\_\_\_\_ Phone #: \_\_\_\_\_

Reason for Charge or Payment: \_\_\_\_\_

**FRVTA:** \$ \_\_\_\_\_ For: \_\_\_\_\_

**FRVTA:** \$ \_\_\_\_\_ For: \_\_\_\_\_

**FRVTA:** \$ \_\_\_\_\_ For: \_\_\_\_\_

Name of Authorized Representative Completing Form (Company or Personal)

Print: \_\_\_\_\_ Sign: \_\_\_\_\_

**Credit Card Type:** (Master Card or Visa ONLY)      Master      Visa

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

V Code: (3 Digit) \_\_\_\_\_ (Found on back of card)

FRVTA USE ONLY		
Accounting:	Date ____/____/____	Declined: _____ Approval Code: _____
*File copy for:	_____	<input type="checkbox"/>
*File copy for:	_____	<input type="checkbox"/>