

Credit Card Transaction Form



Florida RV Trade Association
10510 Gibsonton Drive
Riverview, FL 33578
Phone: 813-741-0488 Fax: 813-741-0688

Taken by: _____

Note: Credit card number is NOT kept on file.

Date Submitted: _____

Total # of Pages: _____

Company: _____

Contact Phone #: _____

Complete Name on Credit Card: _____

Credit Card Billing Address: _____

City/ State/ Zip: _____

Total Amount of Charge: _____

Reason for Charge or Payment: _____

Name of Authorized Representative Completing Form (Company or Personal)

Print: _____

Signature: _____

FRVTA USE ONLY:

Amount: \$ _____ For: _____

Amount: \$ _____ For: _____

Amount: \$ _____ For: _____

Amount: \$ _____ For: _____

Amount: \$ _____ For: _____

Amount: \$ _____ For: _____

Amount: \$ _____ For: _____

Credit Card Info: (Master Card, Visa, Discover & American Express ONLY)

Card #: _____ Exp. Date: ____/____

V Code (3 Digits): _____ *(found on back of card)*

Email: (if receipt needed) _____