



Recurring Payment Request – Authorization (Information will be kept confidentially in your Lot file)

Order# _____ (Requested Start Date)

Payment Amount _____ (Includes \$3 Credit Card Processing Charge)

Tax Exempt-Yes Transaction Origin- Mail Order / Telephone Order

Credit Card Number _____

Expiration Date _____ 3 Digit Credit Card Code _____

Name as it appears on Card _____

Card Billing Address _____

City _____

State _____ Zip Code _____

Recurring Payment – Yes or No

Charge Customer Once Every _____ Day(s) or Week(s) or Month(s) or Year(s) (Circle ONE)

Beginning Date _____

End After _____ Payments

Retry Transaction _____ Times (if transaction fails) before notification

Recurring Payment Approved By _____ Signature

Print Name: _____

Mailing Address: _____

Property Address(if different) _____

Phone Number _____ Lot # _____

CFA USE ONLY By: _____ Entered _____