

Florida Physical Therapy Association

2104 Delta Way Unit #7, Tallahassee, FL 32303 · phone 850/222-1243 · fax 850/224/5281



Credit Card Authorization Form

Date: _____

Name: _____

Amount to be Charged: _____

Reason for Charge: _____

Note: Card will be charged upon receipt, unless otherwise noted.

Cardholder Name: _____

Credit Card Holder Billing Address: _____

City: _____ State: _____ Zip Code: _____

Corporate Card Holders: Please provide your company's address where the credit card statements are received
We accept MasterCard/Visa and American Express

Credit Card Number: _____

Expiration Date: _____

Security Code: _____

I hereby authorize **Florida Physical Therapy Association** to process payment for the above services by method of the charge card information given.

Card Holder Signature: _____ Date: _____

Please complete and Fax back to **FPTA at 850/224-5281** or mail with your application.

Florida Physical Therapy Association Group Federal Tax ID 59-6135438

Note: This form must accompany any order in which you would like to use a credit card. Once your credit card has been charged, this information will NOT be retained in our office.