



CREDIT CARD AUTHORIZATION FORM

Property Address _____ Acct # _____

Visa, MasterCard or Discover only. Fill out the Credit Card Authorization form. Please fax form to 863-427-2404, or email form to apvdues@apvinc.net.

For questions call 863-427-0900

We do not accept payment over the phone.

Credit Card Payments that a customer disputes through their bank will incur a \$25.00 processing fee.

Association of Poinciana Villages, Inc.
401 Walnut Street
Poinciana, Florida 34759-4329
Tel# (863) 427-0900

www.apvcommunity.com

ASSOCIATION OF POINCIANA VILLAGES, INC. - CREDIT CARD AUTHORIZATION FORM -

Property Address: _____ Account #: _____

Name (please print): _____

Credit Card #: _____

Expires: _____ / _____ (Month/Year) Security Code: _____

Amount to Charge: \$ _____

Complete Billing Address: _____

Contact Phone #: _____ E-mail address: _____

Signature (required): _____

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