



Florida State Advertising
Credit Card Authorization

Florida State Championships
August 4th-7th
Sarasota, Florida

Full Business Name: _____
Date: _____
Cardholder's Name: _____
Billing Address: _____
City: _____ State: _____ Zip: _____
Cell Phone #: _____
Email Address: _____
Credit Card Number: _____ Exp Date: _____
CVC: _____ (All credit card transactions will be subject to a 4% service charge)
Dollar Amount: _____

Full Page Color 8.5 x 11 \$500
Full Page Black & White 8.5 x 11 \$300
Half Page Black & White 8.5 x 5.5 \$200
Quarter Page Black and White \$175

I hereby authorize the use of the above credit card for the amount stated as evidence by my signature below and have read and under the above referenced information.

(Cardholder's Signature)

Return this form via email to flstatechampionships@gmail.com , via fax at 941.556.9077 or mail to:

Florida State Championships

P.O Box 1674

Sarasota, FL 34236

Thank you we appreciate your business.