

Desert Foothills Estates

"the Master Association"

2585 Miracle Mile , Suite 128

Bullhead City, AZ 86442

Credit Card Payment Authorization Form



*CARD NUMBER

*EXPIRATION DATE MO. YR

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*VCODE

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Verification Code (VCODE) - A 3-4 digit, non-embossed number found on card signature panel or near embossed number on front.

*Name on credit card

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Your name as it appears on the card and the name of your organization (if applicable)

*Billing address

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*Zip code

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Telephone No. _____

Account Number: _____ DFE Address: _____

Account Balance: _____

Processing Fee: _____ \$0.25

2.9% : _____

Total Credit Card Payment Authorized to Charge: \$ _____

Date Payment is to be charged: _____

Cardholder Authorization Signature: _____