



MEMBER INFORMATION

Name:		
Business Name:	Phone #:	
Sunbiz Name:	Type of Business:	
Current address:		
City:	State:	ZIP Code:
Website:	E-mail:	

REPRESENTATIVE INFORMATION

Name:		
Address:		
Phone:	E-mail:	
City:	State:	ZIP Code:
Position:		
Extra Representative Name:		

Signing this form, you authorize CFICC to debit your credit Card
Please note! Membership will automatically renew after one year

Please choose your Form of Payment		
VISA () MASTERCARD () AMEX () Checks Payable to CFICC		
Card #	Exp. Date	CVV#

Name on the Card		
Billing Address:		
Billing Phone #		

SIGNATURES

I authorize the verification, and credit card processing information provided on this form. I have received a copy of this application.

Signature of applicant:	Date:
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