

F.L.A. Surveys Corp.

Professionals Providing Foresight



F.L.A. Surveys Corp

Contact/Billing Information: (as shown on credit card)

Company/Name: _____ Contact: _____

Billing Address for card: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax Number: _____

Email Address for Payment Receipt & Electronic Version of

Land Survey/Elevation Certificate: _____

Credit Card Type: ☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

Cardholder Name (as shown on credit card): _____

Credit Card #: _____ Expiration Date: _____

Credit Card Security Code: _____ Dollar Amount: _____

☐ **One Time Use:** I hereby authorize **FLA Surveys Corp.** to charge the indicated credit card the amount indicated above. This is a one-time charge authorization. I am not authorizing **FLA Surveys Corp.** to setup my account within a recurring billing system – rather, I prefer to pay by check or money order on all future invoices I understand that if I prefer **FLA Surveys Corp.** to charge any balances to my credit card in the future, I will need to submit another authorization form at that time or choose the selection below.

Please identify what the credit card authorization is for: _____

Site Address/City Survey/Elev Cert/LOMA

☐ **Recurring Billing:** I hereby authorize **FLA Surveys Corp.** to charge the indicated credit card on a periodic basis for the amount due under my Agreement with **FLA Surveys Corp.** as indicated above. This Recurring Payment Authorization/Periodic Charge shall remain in force until cancelled by me in writing.

Please identify what the credit card authorization is for: _____

Site Address/City Survey/Elev Cert/LOMA

AUTHORIZATION:

I hereby authorize **FLA Surveys Corp.** to charge the indicated credit card. I agree that this is either a one time or periodic charge that will be made as indicated above. To terminate the recurring billing process, if selected, I must cancel in writing, otherwise the account will be manually invoiced and payment made via check, money order or wire. I understand that all account cancellations must be made in writing. I will not dispute **FLA Surveys Corp** recurring billing with my credit card issuer so long as the amount in question was for services rendered prior to my canceling my account in the manner required. I guarantee and warrant that I am the legal cardholder for this credit card and that I am authorized to enter into this one time or recurring billing agreement with **FLA Surveys Corp.**

(REQUIRED): _____ Date: _____
Signature of Cardholder