

MOUNT DORA VILLAGE MERCHANT'S
AND BUSINESS ASSOCIATION, INC.
P.O. Box 378, Mount Dora, FL 32756
Phone: 866-683-6722

AUTHORIZATION AGREEMENT FOR DIRECT BILLING

I (we) do hereby authorize Mount Dora Village Merchant's and Business Association, Inc., hereinafter named the COMPANY, to initiate a charge to my (our) credit card account indicated below. I (we) acknowledge that the origination of charges to my (our) account must comply with the provisions of U.S. Law.

Type of Credit Card (Check one): **Mastercard** _____ **Visa** _____

Credit Card Holder:

Name: _____

Credit Card Billing Address: _____

Phone: () _____

Credit Card #: _____ Exp. Date: _____

Authorized Signature: _____ Date: _____

This authorization is to remain in full force and effect until the COMPANY has received a total of three (3) payments, one payment of \$60 per month for three consecutive months, for a total of \$180.00 for purposes of satisfying my 2010 Annual Membership Dues.

I agree to the following payment schedule:

1st Payment: December 1, 2009 ~ 2nd Payment: January 1, 2010 ~ 3rd (and final) Payment: February 1, 2010.

I understand that I am in full control of my payment, and if at any time I decide to change my payment method, I will notify the COMPANY and provide 30 days notice of the payment method change. I understand and agree that any changes to my payment method will not relieve me of the full obligation to repay my debt to the COMPANY and that I am the authorized signer for the credit card listed above.

Contact Name: _____

Business Name _____