

# CREDIT CARD AUTHORIZATION

**\*\*\*\*\* Please complete and return a new form for each fiscal year \*\*\*\*\***

<b>Mail form to:</b>	Concept In Time I.O.A. 181 Lowell Drive Danville, CA 94526-5447	<b>OR</b> <b>OR</b>	<b>Fax form to:</b> 925-820-3706 <b>E-mail to:</b> CFO@villamykonos.com
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Authorization is for:

<input type="checkbox"/>	Annual Assessment of \$852.00 invoiced on July 1, 2009
	<b>OR</b>
<input type="checkbox"/>	Semi-annual assessments of \$432.00 invoiced on 7/1/09 & 1/1/10
	<b>OR</b>
<input type="checkbox"/>	Quarterly assessments of \$219.00 invoiced on Jul 1, 2009, Oct 1, 2009, Jan. 1, 2010 and Apr. 1, 2010
	<b>OR</b>
<input type="checkbox"/>	Monthly assessments of \$77.00 invoiced on the first of each month
	<b>AND</b> <input type="checkbox"/> All other payments including prior assessment balances

**Card #1**     MasterCard                       Visa                       Discover

**Card #:** \_\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Card Billing Address:** Street No. \_\_\_\_\_ Zip Code \_\_\_\_\_ \*Verification Code # \_\_\_\_\_  
(\* the last 3 digits of the number on the back of the card in the area where you signed it)

Your Interval # is shown on any Invoice. You need to indicate it if you own more than one Interval.

**Amount to be paid using Card #1 for the Intervals noted below.**

Interval #:	_____	Amount to be paid using Card #1 on the above dates:	\$ _____
Interval #:	_____	Amount to be paid using Card #1 on the above dates:	\$ _____
Interval #:	_____	Amount to be paid using Card #1 on the above dates:	\$ _____

\_\_\_\_\_ Printed name Signature Date

**Complete the following only if you are using 2 credit cards**

**Card #2**     MasterCard                       Visa                       Discover

**Card #:** \_\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Card Billing Address:** Street No. \_\_\_\_\_ Zip Code \_\_\_\_\_ \*Verification Code # \_\_\_\_\_  
(\* the last 3 digits of the number on the back of the card in the area where you signed it)

Your Interval # is shown on any Invoice. You need to indicate it if you own more than one Interval.

**Amount to be paid using Card #2 for the Intervals noted below.**

Interval #:	_____	Amount to be paid using Card #1 on the above dates:	\$ _____
Interval #:	_____	Amount to be paid using Card #1 on the above dates:	\$ _____
Interval #:	_____	Amount to be paid using Card #1 on the above dates:	\$ _____

\_\_\_\_\_ Printed name Signature Date