

CREDIT CARD AUTHORIZATION Fiscal Year 2015-2016

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

Mail form to: Concept In Time I.O.A. **OR** **Fax form to:** 760-321-0164
67-590 Jones Road **OR** **E-mail to:** Manager@villamykonos.com
Cathedral City, CA 92234-6401

CHECK ONE

Annual Assessment of \$1,001.00 Invoiced: 7/1/15 Due: 7/16/15
OR
 Semi-annual assessments of \$511.00
 Invoiced: 7/1/15 Due: 7/16/15, Invoiced: 1/1/16 Due: 1/16/16
OR
 Quarterly assessments of \$262.25
 Invoiced: 7/1/15 Due: 7/16/15, Invoiced: 10/1/15 Due: 10/16/15,
 Invoiced: 1/1/16 Due: 1/16/16, Invoiced: 4/1/16 Due: 4/16/16
OR
 Monthly assessment of \$94.40 Invoiced Monthly on the 1st Due on the 16th.
AND 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**