



Mark Curran
Fire Chief

Credit Card Authorization Form

Visa or MasterCard Only

Return Fax To: 954-340-4423

Cardholder Name (As it appears on the card) _____

Type of Credit Card Visa _____ MasterCard _____

Credit Card Number _____

Expiration Date _____

Cardholder Address _____

Street

City

State

Zip Code

Work Phone # _____ Home Phone # _____

Fax # _____ Email Address _____

Cardholder's Signature _____ Date _____

Amount authorized to charge to the above card \$ _____

Name of applicant/student _____

I hereby authorize the City of Coral Springs Fire Department/Coral Springs Fire Academy to charge the credit card listed above in the amount listed above. This charge is for fees and/or tuition, and is accepted in good faith by the Coral Springs Fire Academy. Should I have any questions concerning the credit card charge(s) made to my account, I will make every attempt to resolve the issue directly with the Coral Springs Fire Academy. By signing above, I acknowledge that I am an authorized signatory for the above referenced credit card.

FOR INTERNAL USE

Class Number _____

Registration Fee _____ PAT Fee _____ Tuition _____

Background Check _____ CPR Course _____ Shirts _____

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