



- Lighthouse Cove I   
 Lighthouse Cove II   
 Lighthouse Cove III   
 Lighthouse Cove IV

Date: \_\_\_\_\_

Unit: \_\_\_\_\_ Week \_\_\_\_\_

Dear Owner:

For us to process your request that we charge your credit card for your Association assessments. We must have the proper authorization on file. Please complete this form, sign and return to us as soon as possible so that we may initiate this transaction.

CARD HOLDER ZIP CODE \_\_\_\_\_

CARD HOLDER STREET NUMBER \_\_\_\_\_

Name(As it appears on card): \_\_\_\_\_

Mastercard

Visa

American Express

Discover

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Total Amount to be charged: (U.S. Dollars) \$ \_\_\_\_\_

I hereby grant Osceola Resort Management Company, as agents for the above referenced Association, to charge my credit card for assessments as indicated above.

\_\_\_\_\_  
 Authorized Signature

Telephone Request  Clerk Initials: \_\_\_\_\_