

ROCK'n RIVERWALK

Operated by: STUART MAIN STREET and
the Downtown Business Association

201 SW Flagler Ave. Stuart, FL. 34994

C | 772-285-0502 E | director@stuartmainstreet.org



Vendor Credit Card Authorization Form

CARDHOLDER INFORMATION

Name: _____

Business Name: _____

Billing Street Address: _____

City: _____ State: _____

Billing Postal Code: _____ Telephone: (____) _____

Email _____

CREDIT CARD INFORMATION

Credit Card Type: ☐ MasterCard ☐ Visa ☐ American Express ☐ Discover Card

Number: _____

Expiration Month: _____ Expiration Year: _____ Security Code: _____

Cardholder Signature **X** _____ Date ____/____/____

*I affirm that I am the owner of the above referenced credit card and that **my name** is listed on the front of the credit card. I hereby authorize Stuart Main Street to charge my credit card for payment of vendor fees and deposits. I understand that a 3.5% credit card processing fee will be added and that payments are non-refundable.*

Account Holder Signature