## LDDA • Farmers Curb Market Credit Card Authorization Form

I,	(name on credit card)
representing	(name of business or booth),
authorize the Lakeland Downtown Devel	opment Authority (dba Downtown Farmers
Curb Market) to charge my credit card or	file in the Downtown Farmers Curb Market Square
billing system. I voluntarily entered the o	credit card information stored in Square.
I understand and agree to the following:	(please initial each)
My information will be saved i	n Square for future transactions on my account.
I will no longer receive an emabut will receive an email receipt for each	ail invoice for Shared Marketing Costs each month, month's payment.
	ry by month based on the number of Saturdays in ge %\$80 for a 4-Saturday month, \$100 for a 5-Saturday month)
	charge my monthly SMC to the credit card mow as the "billing date"). If the $10^{\rm th}$ falls on a weekend the business day preceding the $10^{\rm th}$ .
email to <a href="mailto:dfcmmanager@gmail.com">dfcmmanager@gmail.com</a> and <a href="mailto:pcmmanager@gmail.com">pcmailto:dfcmmanager@gmail.com</a>	municate with LDDA and Market staff in writing via sharp@ldda.org PRIOR TO THE BILLING DATE as tendance will affect my monthly bill. Refunds will ement for the rules for Inactive rate, Hardship, etc.)
I will communicate with LDDA would affect this transaction.	A/Market staff any changes to my credit card that
Customer Signature	 Date