

CREDIT CARD # \_\_\_\_\_

MEMBER # \_\_\_\_\_

PRIMARY SSN \_\_\_\_\_

**Note:**

- **Please fax the form and clear copies of both parties drivers licenses to the Credit Card Dept. 813-635-8996**
- **Cards can only be mailed to address on file or a Service Center**
- **NO Authorized User cards are allowed on Secured, Starter or Student Visas**

**PRIMARY OR SECONDARY CARDHOLDER SECTION**

\_\_\_\_ Please issue an authorized user card for the person listed below on my Suncoast Visa account.

Name of Primary/ Secondary Cardholder \_\_\_\_\_ SS # \_\_\_\_\_

DOB \_\_\_\_\_ Drivers License # \_\_\_\_\_

\_\_\_\_\_  
Primary and /or Joint Signature

*\* Note: The user will be entitled to charge privileges and may obtain basic account information such as available balance and verification of charges.*

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**AUTHORIZED USER SECTION**

Name of Authorized User \_\_\_\_\_ Social Security # \_\_\_\_\_

DOB \_\_\_\_\_ Drivers License # \_\_\_\_\_

\_\_\_\_\_  
Authorize User Signature

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**DELETION SECTION**

\_\_\_\_ Please remove the above cardholder as an authorized user on my Suncoast Visa account.

***Note: For security reasons, the existing account will be closed and a new Visa number generated. Please allow 7-10 for delivery of the new Visa card.***