



*City of Charleston*

**Credit Card Authorization Form**

APPROVED ☐ DECLINED ☐

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_ AM PM

AMT: \$ \_\_\_\_\_

AUTH. CODE: \_\_\_\_\_

INITIALS: \_\_\_\_\_

I hereby authorize the City of Charleston to initiate the credit card charge listed below. I certify that the below information is true and correct to the best of my knowledge. I also certify that I am authorized to post charges to the below credit card number. In the case of any issues or disputes concerning this transaction, I will notify the City of Charleston promptly to rectify the situation.

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

**Please complete ALL fields below:**

Amount Authorized (\$): \_\_\_\_\_

Customer Name: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Credit Card Type (Circle One):



Credit Card #:

				-					-					-				
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(Detach and destroy upon authorization of the card)

Expiration Date (MM/YYYY):

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Security Code (Back of Card):

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**\*\*\*PLEASE INCLUDE A COPY OF THE APPLICATION OR INVOICE WITH THIS AUTHORIZATION\*\*\***