



City of Charleston

Credit Card Authorization Form

APPROVED <input type="radio"/>	DECLINED <input type="radio"/>
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 #:

_____ - _____ - _____ - _____

(Detach and destroy upon authorization of the card)

Expiration Date (MM/YYYY):

_____ / _____

Security Code (Back of Card):

_____ / _____ / _____

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