



# City of Charleston

## Credit Card Authorization Form

APPROVED	DECLINED
DATE:	
TIME:	
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 (Check One):



(Detach and destroy upon authorization of the card)

Credit Card #:

□	□	□	□	-	□	□	□	□	-	□	□	□	□	-	□	□	□	□
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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\*\*\*