

## City of Oakwood Credit Card Authorization Form

Cardholder Name: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Credit Card Type: \_\_\_ Visa \_\_\_ MasterCard \_\_\_ Discover

Credit Card No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Type of Payment: \_\_\_\_\_

(Business/Alcohol/Insurance License, Bldg Permits, Sign Permits, etc...)

Payment Due: \$ \_\_\_\_\_

4% CC Fee: \$ \_\_\_\_\_

Total Amount Charged to Credit Card: \$ \_\_\_\_\_

I authorize the City of Oakwood to charge the agreed amount listed above to my credit card provided.

Cardholder – Print Name, sign and date below:

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

**Once signed please return to:**

City of Oakwood

P.O. Box 99

Oakwood, GA 30566

Phone: (770) 534-2365

Fax: (770) 297-3223