



CREDIT CARD AUTHORIZATION

please complete all fields.

Date: _____

I, _____, authorize the City of

Locust Grove to charge my credit card in the amount of \$ _____

for the purpose of

_____.

No further transactions are authorized.

Credit Card Information

Card Type:



Card Number: _____

Cardholder Name: _____

Expiration Date (mm/yy): _____

CVV: _____

Authorized Customer Signature

Date

Authorized Customer Printed Name