|  |  |  |
| --- | --- | --- |
| HLOOM.png  **Planning Department**  **Permit Service Center** |  | COMPANY NAME  123 Park Avenue  Michigan 69789 MI  Phone: 123-456-7899, Fax: 123-123-4567 |

# Credit Card Authorization Form

|  |  |  |  |
| --- | --- | --- | --- |
| CARD HOLDER INFORMATION | | | |
| Name: | | | |
| Billing Address: | | | |
| City: | State: | | Zip: |
| Email Address: | |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PAYMENT AUTHORIZATION | | | | | | | | | | | | | | | | | | |
|  | Card Type: | | | □ Visa □ MasterCard □ Discover □ Amex | | | | | | | | | | | | | |  |
|  | Card Number: | | | |  | | | | | | | | | Expiry Date: | | |  |  |
|  | Card Identification Number (CVV2 Code): | | | | | | | | | | |  | | |  | | |  |
|  |  | |  | | |  | | |  | | | | | | | | |  |
|  | I, |  | | | | | | authorize COMPANY NAME to process a charge against my | | | | | | | | | |  |
|  | credit card account in the amount of $ | | | | | | | | |  | | | | | | | |  |
|  | for the payment of | | | | | |  | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | |  |
|  | Telephone Number: | | | | | |  | | | | | | Fax Number: | | |  | |  |
|  |  | | | | | | | | | | | | | | | | |  |
|  | Print Name as it appears on Credit Card: | | | | | | | | | |  | | | | | | |  |
|  | Signature: | | | | | | | | | |  | | | | | | |  |
|  | Date: | | | | | | | | | |  | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | |
| ***Note: COMPANY NAME does not keep a file of credit card numbers. At the completion ofthe transaction, this document with your credit card number will be shredded.*** | | | | | | | | | | | | | | | | | | |

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