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| HLOOM.png**Planning Department****Permit Service Center** |  | COMPANY NAME 123 Park AvenueMichigan 69789 MIPhone: 123-456-7899, Fax: 123-123-4567 |

# Credit Card Authorization Form

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| --- |
| 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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