



One-time Credit Card Authorization Form

Please complete all the fields.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
Cardholder ZIP Code (from credit card billing address): _____
Security Code (CVV): _____
Amount of Charge: _____
Purpose of Charge (Project or Ticket Number): _____ _____
Permit/Job Address _____
Phone Number: _____

I, _____, authorize the City of King City to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

Customer Signature

Date

City of King City
15300 SW 116th Ave.
King City, OR 97224
Phone: 503-639-4082 Fax: 503-639-3771