



CREDIT CARD AUTHORIZATION FORM

Please complete this authorization and return to us. All information will be kept confidential.

Cardholder name: _____

Billing Address: _____

Credit Card Type: _____ Visa; _____ Mastercard; _____ Discover

Credit Card Number: _____

Expiration (Month) _____; (Year) _____

Credit Identification Number (Last three (3) digits, located on back of card) _____

Amount to Charge: \$ _____ (USD); plus 2.45% transaction charge (\$3.00 minimum) \$ _____ (USD)
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Once payment is processed, the top portion of this document will be shredded and your signature will remain on file for processing future phone transactions.

If there is a problem processing this payment, we would like to be able to reach you by phone:

Daytime telephone number: (_____) - _____ - _____

I authorize the Town of Bradford to charge the agreed amount listed above to my credit card provided herein.

Date _____ Printed Name: _____

Signature: _____

State of _____; County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____

By _____.

Notary Public (Seal/Stamp)