



City of Graham

CREDIT CARD AUTHORIZATION FORM

COMPANY NAME: _____

CONTACT NAME: _____

PHONE NUMBER: _____

EMAIL: _____

CREDIT CARD INFORMATION							
<input type="checkbox"/>	VISA	<input type="checkbox"/>	MASTERCARD	<input type="checkbox"/>	AMEX	<input type="checkbox"/>	DISCOVER
CARD NUMBER:							
EXPIRATION DATE:							
CVV / SECURITY CODE:							
CARDHOLDER NAME:							
BILLING ADDRESS:							
CITY, STATE, ZIP:							

SIGNATURE: _____ DATE: _____

By signing this form you authorize the City of Graham to charge the credit card above for agreed upon purchases.

You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.