



## CREDIT CARD AUTHORIZATION FORM

I, \_\_\_\_\_, authorize the City of Spartanburg to charge my Personal and/or my Business Credit Card for the amount listed below.

Business Name: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Cardholder or Representative

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Credit Card Authorization Code: \_\_\_\_\_

Check Card Type: ( ) Visa ( ) MasterCard ( ) Discover ( ) American Express

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code (on back of card): \_\_\_\_\_

Zip code (credit card billing address): \_\_\_\_\_