Credit Card Authorization Form

I authorize the City of Buellton to charge to my Visa/MC in the amount of $_____.

Reason for Charge: _____

_____	_____	_____
Name on Account (exactly as printed on card)	Visa/MC Account Number	Expiration Date

CVV Code: _____

_____ _____

Applicant Signature

_____

Address City State Zip Code

_____

Address (For credit card – if different) City State Zip Code

_____ _____

Telephone/Cell Email Address

[Rev 6-19]