City of Clear Lake Shores
Credit Card Authorization Form

Please complete ALL fields.
(3.5% added to all credit card charges)

Credit Card Information	
Card Type: ☐ MasterCard ☐ VISA ☐ Discover ☐ American Express	
Cardholder Name (as shown on card):	
Billing Address:	
City, State, Zip:	
Email:	
Card Number:	CVV Security Code:
Expiration Date:	

I, _____, authorize the City of Clear Lake Shores to charge my credit card for agreed upon fees.

_____ _____
Cardholder Signature Date

City of Clear Lake Shores
1006 S Shore Dr, Clear Lake Shores, TX 77565
281-334-2799
agalvan@clearlakeshores-tx.gov