Credit Card Authorization

You can use this form to provide a credit card payment to {company}.

**How to complete this form:**

1. Ensure that all fields have been filled in correctly.

2. Fields marked with an \* are mandatory and must be completed.

3. Once completed you can submit this form by mail, in person or by faxing to 123-123-4567.

# Part 1 - Applicant Details

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title |  | First Name\* | | |  | Last Name\* | | |  | Phone Number |
| {title} |  | {name} | | |  | {last\_name} | | |  | {phone} |
| Address | | | | | | | | | | |
| {address} | | | | | | | | | | |
| Home Number: | | |  | Business Number | | |  | Mobile Number | | |
| {phone\_home} | | |  | {phone\_business} | | |  | {phone\_mobile} | | |
| Fax Number: | | |  | Email Address | | |  | | | |
| {phone\_fax} | | |  | {email} | | |  | | | |
| Reason for payment: | | | | | | | | | | |
|  | | | | | | | | | | |

# Part 2–Office use only

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Application Number | | |  | Council officer | |
| {application} | | |  | {council} | |
| Receipt Number |  | Amount |  | Date |  |
| {receipt} |  | {amount} |  | {date} |  |

# Part 3 – Credit Card Details

I authorize {company} to debit my Credit card in the amount of

{amount}

|  |
| --- |
| Cardholder’s Name\* (please print name in capital letters) |
| {card\_holder} |

|  |  |
| --- | --- |
| Credit Card Number | |
| {card} |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Credit Card Expiry Date\* | |  | Card Holder’s Signature\* |  | Date\* |
| {exp\_date} |  |  |  |  | {date} |