



City of
SPARTANBURG
south carolina

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): _____