

# 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

\_\_\_\_\_  
Applicant Signature

_____	_____	_____	_____
Address	City	State	Zip Code

_____	_____
Telephone/Cell	Email Address