

Permits Only
Credit Card Authorization Form
Credit Card Information WILL NOT BE kept on file

Company Name: _____

Project Address: _____ Troutdale OR 97060

Day Time Phone No.: _____

Credit Card Type: **Visa** **MasterCard**

Credit Card No.: _____

Expiration Date: _____ Credit Card ID No.: _____

(last three digits located on the back of the credit card)

Amount to Charge \$ _____ (USD)

I authorize the City of Troutdale to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Card Holder Complete The Information Below:

Print Name: _____ Date: _____

Signature: _____

Billing Address: _____

City/State/Zip: _____

City Use Only

Transaction Reference # _____