

Credit Card Authorization

With my signature below, I hereby authorize CITY OF DUNSMUIR to charge my credit card for services ordered by myself or by others, either in writing, by telephone, fax or email.

I understand this Credit Card will be charged for **each product and service** that is purchased from CITY OF DUNSMUIR.

I authorize the persons named below, if any, to order products and services to be processed on my behalf, and hereby authorize CITY OF DUNSMUIR to charge this Credit Account for the products and services the named person may order either in writing, by telephone, fax, or email.

If you have any questions, please call 530-235-4822

Please EMAIL completed form to: adminasst@ci.dunsmuir.ca.us

ALL INFORMATION MUST BE COMPLETED

Credit Card Type: Visa MasterCard

Credit Card #: _____ Expiry Date: _____

Cardholder Name: _____

3 digit Security Code on back side: _____ Tel: _____

Address: _____

City: _____ State: _____ Zip: _____

X

(Signatures – as shown on Credit Card)

1.

2.

3.

4.