

# 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](mailto: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: Email for Receipt:

Billing Address:

City: State: Zip:

**X**

*(Signatures – as shown on Credit Card)*

1.

2.

3.

4.