



CREDIT CARD AUTHORIZATION FORM

Please fax this form to 678.242.2550 to ensure the security of your credit card information.

Reference:

- Business License (*Company Name*) _____
- Permit (*Permit Number/Address*) _____
- Certificate of Occupancy/Completion Fees
(*Permit Number/Address*) _____

Type of Card (please check one)

- Visa
- MasterCard
- American Express
- Discover

Card # _____

Expiration Date _____

Security Code (on back, 3 digits) _____

First Name (exactly as on card) _____

Middle Initial (exactly as on card) _____

Last Name (exactly as on card) _____

Street Address _____

City, State and Zip _____

As evidenced by my signature below, I agree to allow the City of Milton to tender the amount of my permit to the above captioned Credit Card. I understand that the City of Milton will issue a permit contingent on the above card being approved for payment.

Signature of Card Holder: _____ Date: _____

**This document will not be kept on file. Once the credit card has been charged the document will be destroyed by the City of Milton.*

