



Credit Card Authorization Form

	Description of Item to Pay	Amount
1		
2		
3		
4		
5		
6		
7		
	Transaction Fee 2.7%	
	Total	

Credit Card Information

Card Type VISA Amex
 Master Card Discover Other _____

Cardholder Name (as shown on the card) _____

Card Number _____

Expiration Date (mm/yy) _____ **CCV** _____

Billing address zip code _____

I, _____ authorize City of Coachella to charge my credit card above for agreed upon purchases. I understand that my information will not be saved for future transactions on my account.

Signature