



**CREDIT CARD  
AUTHORIZATION FORM**  
(to be mailed or delivered  
in person - do not email)

Job Site Address: \_\_\_\_\_

Cardholder/Company Name: \_\_\_\_\_

Credit Card Type: \_\_\_ Visa \_\_\_ MasterCard \_\_\_ Discover

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

3-Digit Code (CSC): \_\_\_\_\_

Amount to Charge: \$ \_\_\_\_\_

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

Cardholder – Print Name, Sign and Date Below:

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Name: \_\_\_\_\_

**This form will be destroyed immediately following payment processing.**  
**\*\*Be advised that email is not a secure transmission.\*\***