

**CITY OF CONCORD**  
1950 Parkside Drive M/S 06  
Concord, California 94519-2578

Telephone: (925) 671-3307  
Fax: (925) 671-3353



## Credit Card Authorization Form

To Whom It May Concern:

I \_\_\_\_\_ authorize the  
City of Concord to charge my credit card for the sum of \$ \_\_\_\_\_.

**Credit Card Type:**    Visa / MasterCard  
(Circle one)

Account Number: \_\_\_\_\_

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

**Reason for authorization:**

Business License No. \_\_\_\_\_ / Invoice No. \_\_\_\_\_

Other: \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Print Name as it appears on card:**

\_\_\_\_\_

First

Middle

Last

**Date:** \_\_\_\_\_