

**CITY OF CHARLESTON REVENUE COLLECTIONS  
CREDIT CARD AUTHORIZATION FORM  
TELEPHONE/FAX/MAIL**

All fields must be completed.

Name of Card Holder: \_\_\_\_\_

Card Type:   Visa        MasterCard

Card Number: \_\_\_\_\_

**NOTE: Card Identification Data must be recorded in the section below the dotted line on the bottom of the form or the transaction cannot be processed.**

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

Billing Address: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

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

(Name payment receipt will be processed under)

Contact Number: \_\_\_\_\_

Authorized Charge Amount: \$ \_\_\_\_\_

Nature of Transaction: \_\_\_\_\_

The above information is authorization for the City of Charleston to use my credit card for payment of fees, taxes, fines, penalties, and/or late fees to the City of Charleston.

Today's Date: \_\_\_\_\_

**FAX or MAIL –**

- **Cardholder's Signature:** \_\_\_\_\_

**TELEPHONE –**

- **Caller's Name:** \_\_\_\_\_
- **Information Recorded By:** \_\_\_\_\_  
(City of Charleston Employee)

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The following information **MUST** be provided for non-present card transactions:

**Card Identification Data:**

Cardholder must provide the code that corresponds to the credit card type

- **Visa            CVV2** (3-digit code, located on back of card in signature panel) \_\_\_\_\_
- **MasterCard   CVC2** (3-digit code, located on back of card in signature panel) \_\_\_\_\_