

# Augusta, Georgia Government

Planning & Development Department

535 Telfair St Suite 300 · Augusta, GA 30901

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## Credit Card Authorization Form

This form must be completed in its entirety. Failure to complete any of the following sections will result in non-approval. For protection of the cardholder, we recommend this authorization be sent to our secured facsimile number listed above but can also be sent directly to the email of your Department Staff contact.

Please note that the card listed below will be authorized for your contracted revenue.

Credit Cardholder Information (As It Appears on Your Account)	
Name (as shown on Card)	
Company	
Card Type / Number	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard _____
Expiration Date (mm/yy)	____ / ____

Customer Billing Information (As It Appears on Your Account)	
Address	
City, State Zip	
Phone	
Fax	
Email	

Description of Authorized Charges	
<input type="checkbox"/> All	
<input type="checkbox"/> Function Charges (Please specify)	

Additional Authorized Individuals	
1)	2)
3)	4)

Signature of Guarantee	
<i>I authorize Augusta, Georgia Government to charge the credit card as indicated above and any outstanding balance not covered by my advance payment, in the event that charges are not completely settled upon conclusion. It is understood that the Cardholder is bound by the terms and conditions listed herein.</i>	
Name (Print)	
Signature	
Date	
Receipt Confirmation	<input type="checkbox"/> Yes <input type="checkbox"/> No      Send via: <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail

APDD USE ONLY	
Confirmation Receipt #	
Date	

**Thank you for your Business!**