

Authorization for Credit Card Use

PRINT AND COMPLETE AUTHORIZATION AND RETURN

All Information will remain confidential

Name on Card _____

Billing Address _____

Zip Code: _____

(Needed to Process Payment)

Card Type _____ Visa _____ Mastercard

Card Number: _____ / _____ / _____

Expiration Date: _____ / _____

Identification Number: _____
(3 digits on back of card)

Authorized Amount to Charge: \$ _____

I authorize the CITY OF MIDLAND to charge the amount listed above to the card provided herein. I agree to pay for the purchase in accordance with the issuing bank cardholder agreement.

Cardholder--Please Sign and Date

Signature _____

Date _____

Printed Name _____

Please Submit form to:
Dalia Salinas-Admin Clerk
City of Midland
300 N. Loraine
Midland, TX 79701
432-685-7400
dsalinas@midlandtexas.gov

Office Use
Project Name
Plan#
Invoice#