

## CONTRACTOR CREDIT CARD AUTHORIZATION FORM

Contractor Name:						
Address:						
Phone Number:						
Email (for sending receip	ts):					
Type of Card:	VISA	MC				
Name on the Card:						
Credit Card Number:						
CVV:						
Expiration Date:						
Please indicate how you w	vould like your pa	ayments to be	e processed:			
One Time Payment	: (shred & dispose	e of securely a	after processin	g)		
Keep securely on fi	le & process with	each permit				
Keep securely on fi	le & process on th	he last busine	ess day of each	month for all	permits issu	ued that month.
By signing below, you aut permit(s) as per the direc		TEPRRISES 1	LTD to charge	your card the	fees associa	ited with your
Print:						
Sign:						
Date:						