

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us.
This authorization will remain in effect until cancelled.

Customer Information:

Name:				Date of Birth:	
Address:					
Town/City:				Postal Code:	
Home Phone:		Cell Phone:		Work Phone:	
Driver's License:					
Email Address:					

Business Information:

Name of Business:					
Business Address:					
Town/City:				Postal Code:	
Business Phone:					
Business Contact:					
Business Contact Direct Phone:					
Email Address:					

Credit Card Information:

Card Type:	<input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> AMEX <input type="checkbox"/> Other:				
Cardholder Name (as shown on card):					
Card Number:			Expiration (mm/yy)	/	CVC (on back)
Cardholder Postal Code (from credit card billing address):					

Authorization:

I, _____, authorize the Town of Viking to charge the credit card
supplied to process:

- ☐ all expenses relating to services provided by the Town of Viking or
☐ for the following amount only: \$

Customer Signature:		Date:	
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Office Use:

Received by:		Transaction Date(s):	
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The Town of Viking strives to meet the needs of its community.
If you have any questions, comments or suggestions please contact the Town of Viking 780-336-3466.