

Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.
All information will remain confidential

Name on Card: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (last 3 digits located on the back of the credit card)

Amount to Charge: \$ _____ (USD)

Please note, there is a 2.5% convenience fee (or a minimum of \$2.00) for credit/debit cards.

I authorize the **City of Nome / Port of Nome** to charge the amount listed above to the credit card, plus the applicable convenience fee, provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____

Phone Number: _____

Return the completed and signed form to the Finance department.