



City of Oakwood Credit Card Authorization Form

Cardholder Name: _____

Billing Street Address: _____

State: _____ Zip: _____

Credit Card Type: ___ Visa ___ MasterCard ___ Discover

Credit Card No.: _____

Expiration Date: _____ Security Code: _____

Type of Payment: _____

(Business/Alcohol/Insurance License, Bldg Permits, Sign Permits, etc...)

Payment Due: \$ _____

3.5% CC Fee: \$ _____

Total Amount Charged to Credit Card: \$ _____

Note: The CC fee will show up as a separate charge on your card statement.

I authorize the City of Oakwood to charge the agreed amount listed above to my credit card provided.

Cardholder – Print Name, sign and date below:

Print Name: _____

Signature: _____

Date: _____

Once signed please return to:

City of Oakwood

P.O. Box 99

Oakwood, GA 30566

Phone: (770) 534-2365

Fax: (770) 297-3223