



# CITY OF LOVEJOY

## 2296 Talmadge Road | Lovejoy, Georgia 30250

### CREDIT CARD AUTHORIZATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

I hereby authorize the City of Lovejoy to make the following charges to the card provided below.

Charge Amount: \$ \_\_\_\_\_ for the purpose of \_\_\_\_\_.

Visa       Mastercard       Discover

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Cardholder's Address \_\_\_\_\_

Address

City

State

Zip

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date