

# CREDIT CARD AUTHORIZATION FORM



**CREDIT CARD BILLING INFORMATION:**

Today's Date:														
Name of Cardholder: (Name appearing on the card)														
Credit Card Type: (Check one)	<input type="checkbox"/> Visa			<input type="checkbox"/> Mastercard										
Issuing Bank:														
Credit Card Number:														
Enter CVC Number: (Last 3 digits from the back of card):														
Expiration Date:														
Total Amount of Payment:														
For Payment of:														
Mailing Address:														
City:														
State:														
Zip:														
Phone Number:														
Fax Number:														
<p><b>Cardholder authorizes the charge(s) listed above and agrees that all information provided is accurate and complete. Cardholder also acknowledges that all purchased items may be immediately terminated/forfeited at the Department of Parks and Recreation's discretion if any charges are declined.</b></p>														
Signature of Cardholder:														

**Fax this form to: Stanislaus County Department of Parks and Recreation, (209) 525-6773**

**OR by Mail to:**  
**Stanislaus County**  
**Department of Parks and Recreation**  
**3800 Cornucopia Way, Suite C**  
**Modesto, CA 95358**

