

JANA LEWELLEN
CITY SECRETARY



CREDIT CARD AUTHORIZATION City of Temple

Name as it appears on card: _____

Type of Card (select one): Visa _____ MasterCard _____

Card Number _____

3-digit security code _____

Expiration date of card: _____

Billing address associated with card: _____

Street

City

State

Zip

Contact phone number: _____

Card holder's Signature of Authorization

Date