



## CREDIT CARD PAYMENT FORM

**CITY OF UNION · PO BOX 987 · UNION SC 29379  
PHONE (864) 429-1720 FAX (864) 429-1686**

**Acceptable credit cards are Mastercard or VISA.  
(Please circle one)**

Business Name \_\_\_\_\_ Bus Lic# \_\_\_\_\_

Business Phone Number \_\_\_\_\_ Business FAX Number \_\_\_\_\_

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Billing Address for Credit Card Statement

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I authorize the City of Union to charge the cost of my business license fee and/or permit fee to my credit card.

Signature \_\_\_\_\_ Date \_\_\_\_\_