



OFFICE USE ONLY

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Union City Hall

101 Sharpe Avenue * PO Box 987 * Union, South Carolina 29379

Phone: (864) 429-1720 * Fax: (864) 429-1686

Credit Card Authorization Form

This form must be filled out completely.

The City of Union accepts the following credit cards:

Visa and Mastercard

Business/Company Name: _____

Project/Purpose: _____

Cardholder Signature _____ Date _____

Cardholder Information

Credit Card Type (circle one): Visa Mastercard

Card Number: _____ Expiration Date: _____

IMPORTANT: If you plan to send this authorization by e-mail, DO NOT include your credit card number above, but call to provide the information securely. Information below may be included.

If faxing, mailing or hand-delivering this form, your credit card number may be included.

Billing Address: _____

City: _____ State: _____ Zip: _____

Cardholder's Phone Number: () _____