



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 _____

Signature

Date