

**Credit Card Authorization Form**  
**Do Not Use White-Out**

Card Holder Information

Name on Card: \_\_\_\_\_  
(Print name exactly as it appears on the credit card)

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: (       ) \_\_\_\_\_

**Payment Authorization**

I hereby authorize the City of Laredo to charge the amount of \$ \_\_\_\_\_ for the purchase of the following:

Birth Certificate             Death Certificate

\_\_\_\_\_  
Card Holder Signature

\_\_\_\_\_  
Date

**For OFFICE USE ONLY:**

Receipt # \_\_\_\_\_ Date \_\_\_\_\_

DM # \_\_\_\_\_

\*\*\*\*\*

**For security purposes, once transaction is processed this portion will be cut off and shredded.**

Credit Card Type:                     Visa                     Master Card

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Identification Number: \_\_\_\_\_ (3 digits on back of credit card)

**Incomplete credit card authorization forms will not be processed for payment.**