

# CREDIT CARD AUTHORIZATION FORM

Business/Customer: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

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

Billing Zip: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_ DISCOVER

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

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



Public Utility Acct : \_\_\_\_\_

Public Utility Service Address: \_\_\_\_\_

Being the cardholder or Corporate Officer, by signing below I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize Nueces County WCID #4 to charge my credit card. I further agree that in the event my credit card becomes invalid, I will provide Nueces County WCID #4 with a new valid credit card authorization form.

**Cardholder Authorized Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

***EMAIL, FAX or MAIL the authorization to:***

Nueces County Water Control & Improvement District #4

1812 State Hwy 361

Suite F

Port Aransas TX 78373

Tel: 361-749-5201

Fax: 361-749-5799

[info@ncwid4.org](mailto:info@ncwid4.org)

For Internal Use Only: Authorization Code Reference Number: \_\_\_\_\_