

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

200 Howard Blvd.

Port Aransas TX 78373

Tel: 361-749-5201

Fax: 361-749-5799

info@ncwid4.org

For Internal Use Only: Authorization Code Reference Number:
