



CREDIT OR DEBIT CARD AUTHORIZATION

CARD TYPE: _____

CARD NUMBER: _____ SECURITY CODE: _____

NAME AS IT APPEARS ON THE CARD: _____

BILLING ADDRESS: _____

DATE OF EXPIRATION: _____

AMOUNT AUTHORIZED: \$ _____

SERVICES RENDERED: _____

*I HEREBY AUTHORIZE TOWN OF SURFSIDE TO CHARGE THE ABOVE AMOUNT AGAINST
THE ABOVE CREDIT CARD, WHICH SHALL BE CREDITED TO THE BALANCE OF MY
ACCOUNT, NUMBER _____*

BY: _____

PRINT NAME: _____

DATE: _____