Please Fill in for MasterCard or Visa Charges

Account number from your credit card:

Please check one

☐ VISA

☐ MasterCard

Cardholder Name: _____ Expiration Date

Address: _____

Daytime Telephone Number: Area Code (_____) _____ Extension: _____

Cardholder Signature: _____

Please Fill In: Bill # _____ $ _____

Bill # _____ $ _____

Bill # _____ $ _____

To be completed by the Treasurer's Office TOTAL TAX $ _____

3% fee $ _____

TOTAL CHARGE $ _____