



Fountain Inn  
the Inn place to be

**OFFICE USE ONLY**

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Clerk Initials: \_\_\_\_\_

**City of Fountain Inn**  
**200 N. Main Street • Fountain Inn, SC 29644**  
**Phone: 864-409-3334 • Fax: 864-862-4812**

**Credit Card Authorization Form**

This form must be filled out completely.  
The City of Fountain accepts the following credit cards:  
Visa, MasterCard, and Discover.

Name/Business: \_\_\_\_\_

Purpose: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*By signing this document I authorize the City of Fountain Inn to charge my credit card for the purpose listed above. Furthermore, I authorize the City of Fountain Inn to verify the information listed above and agree to hold the City of Fountain Inn harmless of any dispute with the company issuing the credit card used for this transaction. This authorization is valid for this transaction only and bottom portion of this form will be destroyed when the transaction is complete.*

*A convenience fee of 3% will be charged for credit card payments on \$1,000 and up.*

**Cardholder Information**

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

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

Cardholder's Phone Number: (\_\_\_\_\_) \_\_\_\_\_

**IMPORTANT: If you plan to send this authorization by e-mail, DO NOT include your credit card number below, but call to provide the information securely. If faxing, mailing or hand-delivering this form, your credit card number may be included.**

Credit Card Type (circle one):          Visa          Mastercard          Discover

Card Number: \_\_\_\_\_

3 Digit Security Code: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_