



Fountain Inn
the Inn place to be

OFFICE USE ONLY

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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: _____ Amount \$ _____

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: ____/____