

Town of Newburgh Credit Card Authorization Form

Card Type: Visa Mastercard Discover Amex

Cardholder Name (as shown on card): _____

Card Number: _____

Expiration Date (MM/YY): _____

CID# (three digits on back of card or four on front of Amex): _____

Cardholder Zip Code (billing address): _____



I, _____, authorize the **Town of Newburgh** to charge my credit card above for agreed upon purchase(s).

Signature

Date