

**Information for City of Valley Credit Card Transaction
City of Valley Fax Number (334) 756-4922**

Name: _____ Address: _____

_____ Telephone Number: _____

Driver License Number: _____

() VISA: _____ () MASTERCARD: _____

Expiration Date: _____

Last Three Digits in Signature Line (on back of card): _____

Zip Code: _____ (for Billing address)

Purpose of Charge: _____

Please attach a copy of both front and back of card to this document.

Amount Charged: _____ \$ _____
(plus Administration Fee) _____ 5.00

Total Charged _____ \$ _____

Signature of Card Holder: _____

By signing this document – I hereby give the City of Valley permission to place a charge on my credit card for the above amount.

*****ALL CREDIT CARD TRANSACTIONS WILL BE CHARGED A \$5.00 ADMINISTRATION FEE*****