



CREDIT CARD CHARGE CUSTOMER APPROVAL

Date _____

Name on Card _____

Card Number _____ Exp date _____ V Code _____

CARD TYPE

VISA Master Card American Express DISCOVER

BILLING ADDRESS NO. _____ or BILLING ZIP CODE _____

AMOUNT AUTHORIZED TO CHARGE _____

DESCRIPTION OF PURCHASE _____

City Department Contact and Department _____

Card Holder or Authorized User Signature

Submit this completed and signed form to the City of Lake Elsinore, Finance Division:
FAX: (951) 471-0052
Email: Nancy Lassey, Accounting Supervisor - nlassey@lake-elsinore.org
Mail: 130 S. Main Street, Lake Elsinore, CA 92530