

**CUSTOMER CREDIT CARD
AUTHORIZATION FORM**



This information is confidential. This form will only be kept by the City of Tempe, Public Works Department for purposes of fees for Traffic Control Barricading

Please complete and fax to 480.350.8878

CUSTOMER NAME: _____

PHONE #: _____

NAME AS APPEARS ON CREDIT CARD: _____

CARD TYPE (Circle one): Visa MasterCard American Express

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ (month /year)

FOUR DIGIT CID AMERICAN EXPRESS: _____

THREE DIGIT CV CODE OTHERS: _____

AUTHORIZATION SIGNATURE: _____ DATE: _____

** It is the responsibility of the card holder to update changes as necessary to keep the account current. Any accounts not in active standing will be placed on hold and Traffic Control Plans submitted will not be approved.

For City of Tempe Office Use Only:

CUSTOMER ACCOUNT NUMBER: _____

PROCESSED BY: _____

COMMENTS: _____

