CREDIT CARD PURCHASE REQUIRED INFORMATION

Please Complete this Authorization and return to EVMWD All information will remain confidential

Will Serve Application

Date of Purchase:			
Amount to Charge:	\$ 170.00	\$ 340.00	
Company Name:			
Contact Person:			
Contact Phone Number:			
Type of Credit Card:	Visa	Master Card	AmEx
Credit Card # (16 digits):			
3 Digit Security Code: (located on back	of credit card)	Expiration Date:	
Billing Address connected	with the Credit C	Card where statement i	s mailed
Address:			
City:			
l authorize <u>EVMWD</u> to cha provided herein. I agree th issuing bank cardholder ag	nat I will pay for t		
Signed:			
Date [.]			