

**CREDIT CARD PURCHASE
REQUIRED INFORMATION**

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

FIRE FLOW TEST

Date of Purchase: _____

Amount to Charge: \$ 125.00

Company Name: _____

Contact Person: _____

Contact Phone Number: _____

Type of Credit Card: _____ Visa _____ Master Card _____ AmEx

Credit Card # (16 digits): _____

3 Digit Security Code: _____ Expiration Date: _____
(located on back of credit card)

Billing Address connected with the Credit Card where statement is mailed

Address: _____

City: _____ State: _____ Zip: _____

I authorize EVMWD to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement

Signed: _____

Date: _____