



CREDIT CARD AUTHORIZATION FORM

revenue@johnscreekga.gov

Business Name: _____ License #: _____

Credit Card (Check One): VISA MASTERCARD

Credit Card #: _____ - _____ - _____

Security Code: _____

Expiration Date: _____

Total Amount to Charge: \$ _____

Name As It Appears On Credit Card (Print Clearly):

Contact Phone Number: _____

As evidenced by my signature below, I agree to allow the City of Johns Creek to tender the amount above for payment to the above captioned credit card. I understand that the City of Johns Creek will issue a receipt/certificate contingent upon the credit card above being approved for payment.

Signature of Card Holder: _____

Date Submitted: _____

Email Address: _____

Revenue