



COMMISSIONERS
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Tom Koen, Sr.

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CREDIT CARD AUTHORIZATION FORM

ACCOUNT NUMBER: _____

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ **ZIP:** _____

PHONE: _____

CREDIT CARD NUMBER: _____

EXP DATE: _____ **CARD TYPE:** _____
(VISA, MC, DISC, AMEX)

CARD CODE (BACK OF CARD): _____

CARD HOLDER'S NAME: _____
PLEASE PRINT

CARD HOLDERS SIGNATURE: _____

DATE: _____

Credit cards will be processed three (3) days prior to due date. It is the card holders responsibility to notify the District of credit card expiration. Declined credit cards may result in service charges or termination of service.