

**Information for City of Valley Credit Card Transaction  
City of Valley Fax Number (334) 756-4922**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ Telephone Number: \_\_\_\_\_

Driver License Number: \_\_\_\_\_

( ) VISA: \_\_\_\_\_ ( ) MASTERCARD: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Last Three Digits in Signature Line (on back of card): \_\_\_\_\_

Zip Code: \_\_\_\_\_ (for Billing address)

Purpose of Charge: \_\_\_\_\_

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**Please attach a copy of both front and back of card to this document.**

Amount Charged: \_\_\_\_\_ \$ \_\_\_\_\_  
(plus Administration Fee) 5.00

**Total Charged** \$ \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_

By signing this document – I hereby give the City of Valley permission to place a charge on my credit card for the above amount.

\*\*\*\*\*ALL CREDIT CARD TRANSACTIONS WILL BE CHARGED A \$5.00 ADMINISTRATION FEE\*\*\*\*\*