

GARDEN CITY CREDIT CARD FORM

Application/Permit Number: _____
(provide information above so payment is applied correctly)

Card Type (all accepted): _____

Card Number: _____

Name on Card: _____

Expiration Date: _____ CVV Code: _____

Billing Address: _____ ZIP: _____

Contact Name: _____

Phone Number: _____

Amount authorized to charge: \$ _____