

City of Stockbridge-Bridgefest
Credit Payment Authorization

Name of Company/Client	
Mailing Address City, State and Zip code (REQUIRED)	
Phone Number	
Person Authorizing Pmt.	

Type of Car (Visa, MC, Amex)	
Name on card	
Card Number	
Expiration Date	

I, _____, of _____ give MMCC
permission to charge my account in the amount of \$_____ to be used
as deposit or payment towards the event to be held on _____.

Signature

Date

***This information is strictly confidential and will be safely kept in client files.