TOWN OF
Lake View
SOUTH CAROLINA
PO Box 824 • Lake View, South Carolina 29563-0824
843-759-2861 • Fax: 843-759-0177

CREDIT CARD AUTHORIZATION FORM

I, _____, hereby authorize the Town of Lake View to charge
Print Name

my _____ credit card account for full payment of:
Card Type

- ☐ **VENDOR FEE AMOUNT: _____**
  - **Event Name: _____**
- ☐ **REC. SIGN UP FEE AMOUNT: _____**
  - **Childs Name _____**
  - **Childs Name _____**
  - **Childs Name _____**
- ☐ **TICKET / FINE AMOUNT: _____**
  - **Ticket Number: _____**
- ☐ **BUSINESS LICENSE FEE AMOUNT: _____**
  - **Business Name: _____**
- ☐ **HOSPITALITY TAX FEE AMOUNT: _____**
  - **Business Name: _____**
- ☐ **MISC. AMOUNT: _____ FOR: _____**

Credit Card Number: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Expiration Date: ____ / ____ Today's Date: ____ / ____ / ____ CVV ____ ____ ____

All Credit / Debit Card charges will have an additional 3% Fee

Card Holders Signature: _____

Card Holders Name – Printed: _____