

VILLAGE OF BEDFORD PARK

Credit Card Authorization Form

6701 S Archer Rd, Bedford Park, IL 60501 Phone: (708) 458-2067 Fax (708) 458-2079 www.villageofbedfordpark.com

| Company Name: | |
|-----------------------------|--|
| Address: | |
| City, State, Zip: | |
| Payment For: | |
| Payment Amount: | |
| Credit Card Information | |
| Name on Card: | |
| Billing Address: | |
| Billing City, State, Zip: | |
| Type of Card: | |
| Account Number: | |
| Expiration Date: | |
| CV2 Code (on back of card): | |

I agree to pay the above total amount according to the card issuer agreement. With my signature below, I certify that I am a person authorized to use this credit card, per agreement with the card issuer. The signature below authorizes the Village of Bedford Park to charge the above referenced amount. I understand that I relinquish all rights to dispute these charges.

| Authorized Signature: | | | |
|-----------------------|--|--|--|
| Date to be Charged: | | | |

Please fax completed form to 708-458-2079 or email to info@villageofbedfordpark.com