## Credit Card Authorization

### Instructions for Customer:
- Please email completed form to assessor@denvergov.org or FAX to 720-913-4101 ATTN: Assessment GIS

**Customer shall complete all sections below this line.**

**PLEASE PRINT OR TYPE AND USE BLACK OR BLUE INK ONLY.**

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Company Name:</strong></td>
</tr>
<tr>
<td><strong>Company Contact:</strong></td>
</tr>
<tr>
<td><strong>Telephone Number:</strong></td>
</tr>
<tr>
<td><strong>Fax Number:</strong></td>
</tr>
</tbody>
</table>

### Credit Card Information

The City and County of Denver accepts the following cards. Choose from: ☐ Discover  ☐ Master Card  ☐ Visa

Please provide the following information:

- **Credit Card Number:** You will be contacted by the Manager of Finance / Revenue Accounting - Cashiering for a credit card number.
- **Expiration Date:**
- **Name as it appears on the Credit Card:**
- **Amount of Transaction:** $

### Authorization (To be completed by Customer):

Card member acknowledges receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligations set forth by the Cardmember’s Agreement with the Issuer.

_________________________       __________
Signature of Cardholder                                          Date