



39250 Pioneer Blvd
Sandy OR 97055

Phone: 503-668-0880
building@ci.sandy.or.us

CREDIT CARD AUTHORIZATION FORM

Company Name: _____

Project Address: _____
Sandy, OR 97055

Day Time Phone #: _____

Credit Card Type: Visa MasterCard
 Discover American Express (except building division permits)

Credit Card #: _____

Expiration Date: _____ Credit Card ID No.: _____
(last three digits on the back of the credit card)

Authorized Amount: \$ _____

I authorize the City of Sandy to charge the agreed amount listed above to my credit card provided herein.
I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Card Holder Complete The Information Below:

Print Name: _____ Date: _____

Signature: _____

Billing Address: _____

City/State/Zip: _____

CITY USE ONLY: Date Rec'd: _____ Processed by: _____