

**Finance Department /  
Business License Office**  
P. O. Drawer 1167  
Beaufort, SC 29901-1167  
Ph: (843) 525-7010  
Fax: (843) 525-7013



**Codes Enforcement Office**  
P. O. Drawer 1167  
Beaufort, SC 29901-1167  
Ph: (843) 525-7040  
Fax: (843) 986-5606

## CITY OF BEAUFORT

### CREDIT CARD AUTHORIZATION FORM

I authorize the City of Beaufort to charge my

(check one)          MASTERCARD                          VISA

for the following purpose: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

3 Digit Card Code \_\_\_\_\_ (Last 3 digits on back of card)

Amount to be charged:      \$ \_\_\_\_\_

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_\_  
Today's Date