



CREDIT CARD AUTHORIZATION FORM
(NOT USED FOR RECURRING CHARGES
- ONE TIME USE ONLY)

Forms also found online www.manitouspringsgov.com

Date: _____

I, _____, authorize the City Of Manitou Springs to charge my Visa/Mastercard/Discover (Circle appropriate one)

Please Print -

Name on Card: _____

Address (including zip code) _____

Credit Card number: _____

Expiration date: _____

CVC Code _____

Please return payment information to: City of Manitou Springs

Address: Planning Department
606 Manitou Avenue
Manitou Springs CO 80829

Fax: 719-685-5233

Email: scrowley@comsgov.com

Signature

Printed name

Phone #