



Credit Card Authorization Form

Cardholder Information

Name: _____

Billing Address: _____

Email Address: _____

Phone Number: _____

Drivers License: _____

I hereby affirm that I am the owner of the below referenced credit card and that my name is listed on the front of the credit card.

I hereby authorize Douglas County Treasurer's office to charge my credit card (listed below) in the amount of \$_____ for payment of transactions processed.

Account Holder Signature _____

Credit Card Information

Credit Card Type: MasterCard Visa American Express Discover Card

Card Number: _____

Expiration Month: _____ Expiration Year: _____

Cardholder Signature X _____ Date _____

There will be an additional 2.35% processing fee applied to the total of the transaction. Contact 785-832-5273 for questions.