

## **Cordova Center**

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## **CREDIT CARD AUTHORIZATION**

I,			o the City of Cordova:
Name as it appears on credit card:			
Credit Card Number:			CCV
Expiration Date: Type of	of Credit Ca	rd (ex. V	Visa/MC)
City:	State:		Zip:
Email:			
<ul><li>☐ Yes, I would like a receipt sent to</li><li>☐ No, I do not like a receipt sent to</li></ul>	•		
Contact Telephone Number of Cardholde	er: (	)	
Signature of Card holder:		Date:	