

Credit Card Authorization

All credit card information is protected under the Privacy Act of 1974

Applicant Name		Cardholder Name (as it appears on card) <input type="checkbox"/> Same as "Applicant"		
Company Name (if applicable)		Telephone Number	Cell Phone Number	
Email Address		Federal Taxpayer Identification or Social Security Number		
Credit Card Billing Address				
City		State	Zip Code	Country
Amount to be Billed to Card				
Application Cost \$	Location Fee \$	Cost Recovery \$	Total \$	
Type of Credit Card <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa		Credit Card Number	Expiration Date	Security Code
I hereby authorize my card to be charged the amount indicated above in connection with the issuance of the requested Special Use Permit:				
Cardholder Authorized Signature			Date	

**Please fax credit card payment form
with your special use applications for
Weddings or Photography to :
202-475-2216**

INTERNAL AGENCY USE ONLY

Project Number/BILL	Date Processed
Permit Number	Prepared By
Organization Name	