

# WEST CHESTER PERMIT, LCC

PO BOX 62293 CINCINNATI OH 45262 PH-513-777-3000 FAX-513-755-5790 WWW.WCPERMIT.COM

## Credit Card Authorization Form

*There is a 5% processing fee for all credit card transactions!*

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

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Credit Card Type:      Visa \_\_\_\_\_      Mastercard \_\_\_\_\_      AMEX \_\_\_\_\_

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

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

I understand that by signing this form, I am authorizing West Chester Permit to bill my credit card. West Chester Permit has my permission to charge the above credit card for future charges.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Fax to 513-755-5790**