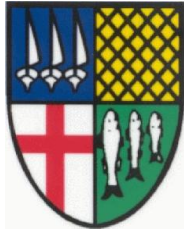


# Town of Windermere



## Credit Card Payment Authorization Form

Instructions: To pay by credit card, please complete both sections below.

**\*ALL INFORMATION IS REQUIRED\***

### CREDIT CARD HOLDER INFORMATION

Please check credit card type:

Visa       MasterCard       Discover

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_ (mm/yy)

Exact name as it appears on the credit card: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City & State: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_ Amount to be charged: \$ \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### LICENSE/DRIVER INFORMATION

Name as it appears on Driver's License/ID: \_\_\_\_\_

Licensee's Drivers License/ID number: \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy)

Gender (circle one):      Male      Female

Please send this credit/debit card payment form to:

Town of Windermere  
ATTN: Finance Department  
614 Main Street  
Windermere, FL 34786  
Fax: (407) 876-0103

What type of service is this payment for? \_\_\_\_\_