



City of Lakewood

Credit Card Authorization Form

Must be completed to submit registration by fax or e-mail

Date _____

Name of Cardholder _____
(as appears on card)

Company Name _____
(if different from above)

Billing Address for Card _____

Contact Phone Number _____

Card Number **We no longer can take credit card number, expiration date and the CV2 (last 3 digits on back of card) via fax or e-mail. Please call Vonda Weigel, Business Support Specialist at 303-987-7567.**

Visa MasterCard Discover (Please circle one)

Amount of Charge _____

Cardholder Signature _____