

**TOWN OF CORINNA**  
*Incorporated December 11, 1816*

8 Levi Stewart Drive  
Corinna, ME. 04928  
E-Mail: [corinnamgr@roadrunner.com](mailto:corinnamgr@roadrunner.com)

Lois A. Jones, Town Manager  
Tel: 207-278-4183  
Fax: 207-278-5200

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## CREDIT CARD AUTHORIZATION FORM

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Please complete this authorization and return to us. All information will be kept confidential.

Cardholder name: \_\_\_\_\_

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

Credit Card Type: \_\_\_\_\_ Visa; \_\_\_\_\_ Mastercard; \_\_\_\_\_ Discover

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

Expiration (Month) \_\_\_\_\_; (Year) \_\_\_\_\_

Credit Identification Number (Last three (3) digits, located on back of card) \_\_\_\_\_

Amount to Charge: \$\_\_\_\_\_ (USD);

Plus 3% transaction charge for transactions over \$100 (\$3.00 minimum under \$100 transaction) \$\_\_\_\_\_ (USD)

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*Once payment is processed, the top portion of this document will be shredded and your signature will remain on file for processing future phone transactions.*

If there is a problem processing this payment, we would like to be able to reach you by phone:

Daytime telephone number: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

I authorize the Town of Corinna to charge the agreed amount listed above to my credit card provided herein.

Date \_\_\_\_\_ Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_