



BUSINESS PRIVILEGE LICENSE

CREDIT/DEBIT/PROCUREMENT CARD PAYMENT FORM

MASTERCARD & VISA ACCEPTED

(PLEASE PRINT LEGIBLY AND FILL IN COMPLETELY)

BUSINESS NAME ON LICENSE: _____

BILLING INFORMATION OF CARDHOLDER

EXACT NAME ON CARD: _____

BILLING ADDRESS FOR CARD

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE: _____

CHARGE TO: MASTERCARD VISA

CARD #: _____

(IF APPLICABLE – PROCUREMENT CARD)

CUSTOMER CODE: _____

(ONLY IF CARD PRESENT)

EXPIRATION DATE: _____ CVV2/CVC2 #: _____

BUSINESS LICENSE TAX DUE: \$ _____

(REQUIRED) CONVENIENCE FEE: + \$ **2.75**

TOTAL AMOUNT CHARGED: \$ _____

DATE: _____

CARDHOLDER'S SIGNATURE: _____

A CHARGE CONFIRMATION RECEIPT WILL BE MAILED TO THE BILLING ADDRESS WITHIN 10 BUSINESS DAYS

FOR OFFICE USE ONLY

AUTHORIZATION NUMBER: _____

PHOTO ID TYPE & #: _____

TRANSMITTAL DATE: _____

AUTHORIZATION BY: _____

DATE RECEIVED VIA: FAX _____ MAIL _____ IN OFFICE _____

IF BY FAX OR MAIL, DATE CHARGE CONFIRMATION RECEIPT MAILED: _____ BL ACCT #: 11-3525-832



CHARGE CONFIRMATION

PLEASE BE ADVISED THAT \$ _____ HAS BEEN CHARGED TO YOUR CREDIT/DEBT CARD FOR THE PAYMENT OF YOUR CITY OF KANNAPOLIS BUSINESS PRIVILEGE LICENSE. THE AMOUNT CHARGED INCLUDES THE BUSINESS LICENSE TAX ASSESSED PLUS A \$2.75 CONVENIENCE FEE CHARGE. IF YOU HAVE ANY QUESTIONS REGARDING THIS TRANSACTION, PLEASE CONTACT THE FINANCE DEPARTMENT AT 704-920-4380.

AUTHORIZATION NUMBER: _____

TRANSMITTAL DATE: _____