



City of Lake Oswego

380 A Avenue
P.O. Box 369
Lake Oswego, OR 97034

Phone: 503-635-0290

Credit Card Authorization

Company Name:

Name on Card:

Billing Address:

E-mail Address:(REQUIRED)

Visa

Mastercard

Expiration Date:

CCV #:(3-digit # on back of card)

Signature:

THIS FORM WILL BE SHREDDDED AFTER USE