



411 E San Patricio Ave. Mathis TX 78368
Tel. 361-547-3343 • Fax 361-547-3838

Credit Card Authorization Form

Type of Credit Card: Visa Master Card

Card Holder's Name: _____

Credit Card No. _____

Expiration Date: _____ Verification Code: _____

Billing Address: _____

Email Address: _____

Contact Phone Number: _____

I _____, authorize the City of Mathis to use this credit
(Card Holder Signature)

card for this specific use _____.

Please email completed credit card authorization form to cjimenez@cityofmathis.com for processing.