

# CREDIT CARD AUTHORIZATION FORM

**FAX NO: (717) 346-0494** | To confirm receipt of form, call: (717) 425-6724 | All other inquiries: (717) 214-7024

<b>A CARDHOLDER INFORMATION</b>			
<p>In order for us to accept and promptly process your payment by credit card, all of the following information must be submitted:</p> <p>Type of card being used:    <input type="checkbox"/> Mastercard    <input type="checkbox"/> Visa    <input type="checkbox"/> Discover    <input type="checkbox"/> American Express</p>			
Expiration date of card: (mm/yy)	Account Number Listed on Card:		
Card Holder Name			
Cardholder Street Address			
City	State	Zip Code	Telephone Number
<b>B AUTHORIZATION</b>			
<p>I, _____, authorize the Pennsylvania Department of  <small>(Name of Cardholder)</small>            Transportation to charge my above listed credit card for \$ _____ for the payment            of the following invoice numbers:</p>			
Invoice 1:	Invoice 2:		
Invoice 3:	Invoice 4:		
Invoice 5:	Invoice 6:		
<b>C APPROVAL SIGNATURE</b>			
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%; border-top: 1px solid black; text-align: center;">Signature of Cardholder</div> <div style="width: 35%; border-top: 1px solid black; text-align: center;">Date (mm/dd/yyyy)</div> </div>			