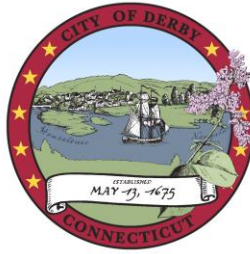


City of Derby, Connecticut

One Elizabeth Street - 06418



Marc J. Garofalo, MPA, CCTC
Town / City Clerk

Email - townclerk@derbyct.gov

Telephone - 203.736.1462
FAX - 203.736.1479

Credit Card Authorization Form

CARDHOLDER INFORMATION

Name: _____

Billing Street Address: _____

City: _____ State: _____ Postal Code: _____

Country: _____ Email _____

Address: _____

Telephone: (_____) _____ - _____

☐ I authorize a one-time charge against my credit card for the follow amount:

\$ 2.00 Credit Card Processing Fee

\$ _____ Postage ☐ \$1.00 First Class USPS or ☐ \$25.00 Priority Express USPS

\$ _____ Birth Certificate / Death Certificate / Marriage Certificate
\$20.00 Per Document

\$ _____ **TOTAL CHARGE**

CREDIT CARD INFORMATION

Credit Card Type: ☐ MasterCard ☐ Visa ☐ American Express ☐ Discover Card

Number: _____

Expiration Month: _____ Expiration Year: _____

Cardholder Signature _____ Date ____/____/____

Security Code: _____