

**Credit Card Authorization**

All credit card information is protected under the Privacy Act of 1974

<b>Applicant Name</b>		<b>Cardholder Name (as it appears on card)</b> <input type="checkbox"/> Same as "Applicant"		
<b>Company Name (if applicable)</b>		<b>Telephone Number</b>	<b>Cell Phone Number</b>	
<b>Email Address</b>		<b>Federal Taxpayer Identification or Social Security Number</b>		
<b>Credit Card Billing Address</b>				
<b>City</b>		<b>State</b>	<b>Zip Code</b>	<b>Country</b>
<b>Amount to be Billed to Card</b>				
Application Cost \$		Location Fee \$		Cost Recovery \$ <b>Total \$</b>
Type of Credit Card <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa		Credit Card Number	Expiration Date	Security Code
I hereby authorize my card to be charged the amount indicated above in connection with the issuance of the requested Special Use Permit:				
Cardholder Authorized Signature			Date	

**Please fax credit card payment form  
with your special use applications for  
Weddings or Photography to :  
202-475-2216**

**INTERNAL AGENCY USE ONLY**

<b>Project Number/BILL</b>	<b>Date Processed</b>
<b>Permit Number</b>	<b>Prepared By</b>
<b>Organization Name</b>	