



City of Milton

13000 Deerfield Parkway ~ Suite 107F ~ Alpharetta, Georgia 30004

P: 678-242-2500 ~ F: 678-242-2550

CREDIT CARD PAYMENT by FAX

Type of Card (circle one)	MasterCard VISA American Express
Card #	_____
Expiration Date	_____
Security Code (on back, 3 digits)	_____
First Name (exactly as on card)	_____
Middle Initial (exactly as on card)	_____
Last Name (exactly as on card)	_____
Street Address	_____
City	_____
State	_____
Zip Code	_____

As evidenced by my signature below, I agree to allow the City of Milton to tender the amount of my permit to the above captioned Credit Card. I understand that the City of Milton will issue a permit contingent on the above card being approved for payment.

Signature of Card Holder _____

Date _____