



CREDIT CARD AUTHORIZATION FORM

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

| A CARDHOLDER INFORMATION | | | |
|---|-------|--------------------------------|------------------|
| In order for us to accept and promptly process your payment by credit card, all of the following information must be submitted: Type of card being used: <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> American Express | | | |
| Expiration date of card: (mm/yy) | | Account Number Listed on Card: | |
| Card Holder Name | | | |
| Cardholder Street Address | | | |
| City | State | Zip Code | Telephone Number |

| B AUTHORIZATION | | | | | | |
|---|------------|------------|------------|------------|------------|------------|
| 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: | | | | | | |
| <table border="1"> <tbody> <tr> <td>Invoice 1:</td> <td>Invoice 2:</td> </tr> <tr> <td>Invoice 3:</td> <td>Invoice 4:</td> </tr> <tr> <td>Invoice 5:</td> <td>Invoice 6:</td> </tr> </tbody> </table> | Invoice 1: | Invoice 2: | Invoice 3: | Invoice 4: | Invoice 5: | Invoice 6: |
| Invoice 1: | Invoice 2: | | | | | |
| Invoice 3: | Invoice 4: | | | | | |
| Invoice 5: | Invoice 6: | | | | | |

| C APPROVAL SIGNATURE |
|---|
| <div style="display: flex; justify-content: space-between; margin-top: 100px;"> <div>_____</div> <div>_____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Signature of Cardholder</div> <div>Date (mm/dd/yyyy)</div> </div> |