

**Town of Port Royal  
South Carolina**

**I authorize the Town of Port Royal to charge my**

(Check One)  Master Card       Visa       American Express

For the following purpose: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Today's Date