



City of Bellevue Credit Card Authorization Form

Cardholder Name: _____

Organization Name (if applicable): _____

Billing Address: _____

Mailing Address (if different): _____

Cardholder Phone Number: _____

VISA or MasterCard Account Number: _____

Expiration Date: _____

Amount Approved: \$ _____ (Not to exceed \$ _____ without written authorization.)

Rental facilities for which this account number can be on file (check all that apply):

All Facilities

- | | | |
|--|--|--|
| <input type="checkbox"/> Athletic Ballfields | <input type="checkbox"/> Bellevue City Hall | <input type="checkbox"/> Bellevue Aquatic Center |
| <input type="checkbox"/> Botanical Garden | <input type="checkbox"/> Bellevue Youth Theatre | <input type="checkbox"/> Crossroads Comm Ctr |
| <input type="checkbox"/> Highland Comm Ctr | <input type="checkbox"/> Kelsey Creek Park | <input type="checkbox"/> Lake Hills Clubhouse |
| <input type="checkbox"/> Larsen Lake Cabin | <input type="checkbox"/> Lewis Creek Park | <input type="checkbox"/> North Bellevue Comm Ctr |
| <input type="checkbox"/> Northwest Arts Center | <input type="checkbox"/> Outdoor Park Sites | <input type="checkbox"/> Ranger Station |
| <input type="checkbox"/> Robinswood Tennis Ctr | <input type="checkbox"/> South Bellevue Comm Ctr | <input type="checkbox"/> Tye Community Gym |
| <input type="checkbox"/> Winters House | <input type="checkbox"/> Other: _____ | |

Does anyone else in your organization or family have authority to request that payments be made to this charge account? Yes _____ No _____

If so, please provide their contact information and the maximum amount authorized for transactions requested by them without your written approval.

| <u>Name</u> | <u>Phone Number</u> | <u>Amount Approved</u> |
|-------------|---------------------|------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

I understand that it is my responsibility to update this information as this authorization status or credit card expiration date changes occur. This authorization is effective on the date accepted and approved by the City of Bellevue and will remain in effect until rescinded by me or the City of Bellevue. I further certify that I am 21 years of age or older.

Printed Name _____ Date _____

Signature _____ Daytime Telephone # _____

City of Bellevue Use Only:

Accepted: _____
Signature _____ Date _____ Client Barcode _____