

Credit Card Authorization

Josephine County Parks

Please PRINT CLEARLY in blue or black ink.

125 Ringuette Street, Grants Pass OR 97527

APPLICANTS INFORMATION

Name: First _____ Middle _____ Last _____

Company Name (if applicable) _____

Phone: Home (____) _____ - _____ Cell (____) _____ - _____ Email _____

Mailing Address _____

City _____ State _____ Zip _____

Park & Shelter Reserved _____ Date of Reservation _____

CREDIT CARD INFORMATION

Name (as it appears on card) _____

Billing Address _____

City _____ State _____ Zip _____

PAYMENT AUTHORIZATION

Card Type: Visa Mastercard Discover

Card Number: _____ - _____ - _____ - _____ Expiration (mm/yy): ____/____ CVC _____

I hereby authorize Josephine County Parks Department to charge my credit card for the following:

- Charge my card if my party does not return the shelter to the status in which it was found, with all trash in the garbage cans and tables wiped down. I understand that the maximum amount charged for the Cleaning Fee will be \$100 per reserved facility (shelter, picnic area or ball field); authorization for the Cleaning Deposit is valid until 5 business days after the date of my reservation (listed above).

Cardholder Signature _____ Date _____

Official Use Only:

Amount \$ _____ Date _____ Employee _____ Reason _____

Amount \$ _____ Date _____ Employee _____ Reason _____

All Credit Card Authorization forms are given directly to the Parks Manager and locked away for privacy.