

Credit Card Authorization Form

Complete and send with your invoice or return form.

Please remit payment to:

Department of Finance
Metro Nashville Collections
P.O. Box 305172, Dept #168
Nashville, TN 37230-5172

Visa Mastercard Discover American Express

Card # _____

Exp. Date ____/____/____

Name on card _____

Billing address _____

City, State, Zip Code _____

Phone # (____) _____

Total Tax Due \$ _____

Please note that a convenience fee of 1.84% will be assessed by the electronic processing company. No part of this fee goes to Metro. Your signature authorizes this fee to be added to the total amount of your transaction.

Signature X _____