

# Credit Card Authorization Form

Complete and send with your invoice or return form.

Please remit payment to:

Department of Finance  
Collections Office  
P. O. Box 196311  
Nashville, TN 37219-6311

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 \_\_\_\_\_