



P.O. Box 2000 • 1314 Ave. K 4th Floor • Lubbock, Texas 79457
(806) 775-2928 • Fax: (806) 775-3281

City of Lubbock – Environmental Health Credit Card Authorization Form

Name of Card Holder: _____

Card Number: _____

Expiration Date: _____

CID: _____

Amount to be charged: _____

Type of card:

Visa

MasterCard

Discover Card

Reason for charge/Inv#/Facility Name: _____

Signature: _____

I hereby authorize the City of Lubbock Environmental Health Department to charge the agreed amount listed above to my credit card provided. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

*** Please note: Maximum Credit Limit = \$1,600.00**

Please Fax or Email to:

EnvironmentalHealth@mylubbock.us

806-775-3281

City of Lubbock Environmental Health