

**Credit Card Payment Authorization Form**  
City of Eau Claire – 910 Forest St. Eau Claire, WI 54703

Name of Event, if applicable: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_ Date: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

*Street Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*ZIP*

Email Address: \_\_\_\_\_

For the purchase of:

<b>ITEM</b>	<b>QTY</b>	<b>COST EACH</b>	<b>TOTAL</b>
Special Event Application Fee		\$60.00	
Tent Permit Fee		\$52.00	
Alcohol Permit Fee		\$10.00	
Other: _____ <i>please describe</i>			

**TOTAL:** \_\_\_\_\_

Signature: \_\_\_\_\_

*Digital or print signatures are acceptable*

Return completed form to Amber Willi at [Amber.Willi@eauclairewi.gov](mailto:Amber.Willi@eauclairewi.gov) or by fax at 715-839-1693.