

MISSISSIPPI DEPARTMENT OF TRANSPORTATION

**P.O. BOX 1850
JACKSON, MS 39215-1850**

MAIL CODE# 66-05

PHONE: 601 359-1717 (Option 2) FAX: (601) 576-1373

INTRASTATE CREDIT CARD AUTHORIZATION FORM

CONTACT INFORMATION

Company Name:

Card Holder Name:

Registered Company Address:

City:

State:

Zip Code:

BILLING ADDRESS IF DIFFERENT FROM ABOVE

Billing Address:

City:

State:

Zip Code:

CREDIT CARD INFORMATION

Credit Card Type: **VISA** **Mastercard** **American Express** **Discover**

Credit Card #: _____ **Exp Date:** ____ / ____ **CVV Code:** _____
Example: 00 / 0000 **Example:** 000

(Located on Back of Card)

COMMENTS:

Agreement

(I AGREE TO PAY ABOVE TOTAL AMOUNT ACCORDING TO CARD ISSUER AGREEMENT)

Signature:

Date:

Note: If for any reason your credit card is declined, you are only allowed to correct it by Check or Money Order.