

## **City of Osseo**

415 Central Avenue Osseo, MN 55369-1195 P 763.425.2624 F 763.425.1111

## WE ACCEPT MASTERCARD, VISA AND DISCOVER

Notice: Faxed applications will not be processed without payment by credit card

City of Osseo FAX: (763) 425-1111

Under Minnesota law, the information provided on this form is considered public and is available to anyone, except for the following:

The information regarding your credit card is private and will be provided only to you and to those people necessary to process your payment. This includes city employees who process your payment and employees of applicable financial institutions. You are not required to provide your credit card information if you want to pay by another method. However, if you choose to pay by credit card, you must provide your credit card information to pay the appropriate fee. Otherwise, your application will not be processed. By submitting this form, you authorize the City of Osseo to initiate payment on your credit card.

To Pay by Credit Card MasterCard	Name	Date	
	Billing Address		
	City	State	Zip
	Daytime phone		
Visa or Discover	Signature		
2.00010.	I authorize the City	of Osseo to debit my credit ca	ard in the box below
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redit card information	on is to be processed immediately upon rec nce.	ceipt and destroyed. The top sec	tion is to be kept with the
•			,
	information below will be destro		
Nam	ne as it appears on card:		
Acco	ount Number:		
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Year

Month