



Town of Surfside Beach
Credit Card Payments

Please fax to (843) 238-5432 or email to Town@surfsidebeach.org for processing

Date _____

Customer Name _____

Name on Card(If Different) _____

Card# _____

Card Type: Visa MasterCard Discover

Expiration Date _____ CVV _____

Payment Amount \$ _____

Zip Code _____ Email _____

Phone # _____

Reason for Payment _____

Authorized Signature _____

For Finance Department Use

Approval Code _____

Transaction Completed By _____ Date _____