



Village of Angel Fire Utility Billing
PO Box 489
Angel Fire, NM 87710

575-377-3232 Phone
575-377-3280 Fax

Village of Angel Fire Credit Card Agreement

I authorize Village of Angel Fire to keep my signature on file and to charge my credit card account, on an ongoing basis for amounts I owe.

I understand that this authorization is valid until I cancel the authorization through written notice. I also agree to contact Village of Angel Fire if there are any changes to my credit card account information.

Date _____

Utility Billing Account Number: _____ - _____ - _____

Cardholder Name _____

**Cardholder
(Billing) Address:** _____

City: _____

State: _____

Zip: _____

MC/VISA Account Number: _____ - _____ - _____ - _____

Expiration Date: ____/____

Card Holder's Signature: _____