Township of North Bergen
4233 Kennedy Boulevard
North Bergen New Jersey 07047

Veronica Olaniel: Business License Clerk

Tel: (201) 392-2025
Fax: (201) 330-7694

Company: _____

Contact Name: _____

Phone Number: _____

Reference: _____ (what you are

_____ Paying for?)

Name on Card: _____ (please print)

Credit Card #: _____

Credit Card Type: ☐ Visa ☐ Master Card ☐ Discover (check one)

Expiration Date: _____ (mm/yy)

Social Security #: _____ - _____ - _____

Billing Address: _____ (please print)

_____

_____

Corporate Code: _____ (if applicable)

I authorize The Township of North Bergen to charge the above credit card for payment for services rendered in the amount of $_____ US currency. I agree to pay the above total amount according to the card issuer agreement.

X_____ (Your signature)