



## CREDIT CARD AUTHORIZATION FORM

CARDHOLDER INFORMATION		
Name On Credit Card		
Card Holder Billing Address		
City	State	Zip Code
Contact Person	Title	Phone No.
Credit Card Number	CVV2 or CID No. (3 digit No.)***	Expiration Date
Card Type <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	Amount	
TRANSACTION INFORMATION		
<input type="checkbox"/> Plan check <input type="checkbox"/> Permit <input type="checkbox"/> Research of Documents <input type="checkbox"/> Report of Building Records <input type="checkbox"/> Other (indicate below):	Plan Check No./Permit No./Escrow No./Reference ID:	
<input type="checkbox"/> Residence <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial		
Address:		

\*\*\* Card Identification Number (CID No.) is the last three (3) digits located on the back of the credit card.

By signing below I, being the cardholder or authorized user, agree to pay the amount of \$\_\_\_\_\_ (Initial\_\_\_\_\_) and specifically authorize the City of Oxnard to charge my credit card in that amount.

**Please be sure to initial the amount authorized and sign below.**

Please print and sign, digital signatures are not allowed.

Printed Name	Signature of Card Holder	Date
--------------	--------------------------	------

Received By	Department	Ext	Date
-------------	------------	-----	------

Date:	# Pages:
To:	From:
<b>Building &amp; Engineering</b>	Co.
Phone #:	Phone #:
Fax #: <b>(805) 385-7854</b>	Fax #:

<b>FOR OFFICE USE ONLY</b>
Form of Acceptance: <b>EM   ZM   AM   NM</b>
Approval #: _____
<b>Receipt#</b> _____ (GIVE TO CUSTOMER)
Clerk Initial: _____ Date: _____