Community Development Department Planning Division

214 South C Street, Oxnard, CA 93030 Main (805) 385-7858 Fax (805) 385-7417



CREDIT CARD AUTHORIZATION FORM

	CARDHOLDER	INFORMA	TION	
Name On Credit Card				
Card Holder Billing Address				
City		State		Zip Code
		Title		
Contact Person	Contact Person			Phone No.
Credit Card Number		CVV2 or CID N	No. (3 digit No.)***	Expiration Date
Card Type		Amount		
□ Visa □	Mastercard			
	PLANNING II	NFORMAT	ION	
Zone Clearance Home Oc	PZ No.:	PZ No.:		
Other:				
☐Business ☐Residence ☐	Other			
Address:	_			
*** Card Identification Number	(CID No.) is the last thre	ee (3) digits loc	ated on the back of	f the credit card.
	,	. , _		
By signing below I, beir	_		-	
\$ (Initial_) and specifical	ly authorize t	the City of Oxnar	rd to charge my credi
card in that amount.				
Places he cure to initial th	ha amount authorized	d and sign he	-lau	
Please be sure to initial th	16 amount authorized	l and sign be	HOW.	
Printed Name	Signature	of Card Holder	r	Date
Received By	Department		Ext	Date
Date:	# Pages:			
To:	From:	!	FOR OFF	ICE USE ONLY
	Co.		Form of Accentance	EM ZM AM NM
Co./Dept.: Planning		!		
Phone #:	Phone #:	!	Approval #:	
Fax #: (805) 385-7417	Fax #:		Receipt#	
			(GIVE TO	O CUSTOMER)
			Clerk Initial:	Date:
CIT 11 1 10 1. ID IT 0:	T 1 1 \F 0 I \C 1:4 C1	A -41!- otion Dlone	1	

 $C: \label{lem:labels} \labels \label$