Community Development Department
Planning Division
214 South C Street, Oxnard, CA 93030
Main (805) 385-7858
Fax (805) 385-7417

CITY OF OXNARD CALIFORNIA

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 ❑ Visa ❑ Mastercard	Amount	

PLANNING INFORMATION	
☐ Zone Clearance ☐ Home Occupation Permit ☐ TUP ☐ Other:	PZ No.:
☐ Business ☐ Residence ☐ Other 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.

_____

Printed Name Signature of Card Holder Date

_____

Received By Department Ext Date

Date:	# Pages:
To:	From:
Co./Dept.: **Planning**	Co.
Phone #:	Phone #:
Fax #: **(805) 385-7417**	Fax #:

FOR OFFICE USE ONLY

Form of Acceptance: **EM ZM AM NM**

Approval #:_____

Receipt#_____
(GIVE TO CUSTOMER)

Clerk Initial:_____ Date:_____