**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<br>❑ Visa ❑ Mastercard | Amount | |

| PLANNING INFORMATION | |
|---|---|
| ☐ Zone Clearance ☐ Home Occupation Permit ☐ TUP<br>☐ Other: | PZ No.: |
| ☐ Business ☐ Residence ☐ Other<br>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:_____