



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 300.00 | |
| UTILITY BILLING INFORMATION | | |
| Account Number | | |
| Customer Name | | |
| Service 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 for the utility billing noted above.

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

Signature of Card Holder

Date

| | |
|-----------|------------------------------|
| Date: | # Pages: |
| To: | From: |
| Co./Dept. | Co. UTILITY BILLING |
| Phone #: | Phone #: |
| Fax #: | Fax #: (805) 385-7865 |

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