

DEPARTMENT OF BILLING & LICENSING

214 South C Street., Oxnard, CA 93030 • Phone (805) 385-7816 • Fax (805) 385-7865 Email: c2gutilities@oxnard.org WWW.OXNARD.ORG

CREDIT CARD AUTHORIZATION FORM

CARDHOLDER INFORMATION			
Name On Credit Card			
Cand Halden Billing Address			
Card Holder Billing Address			
City			
City			Zip Code
Contact Person		Title	Phone No.
Credit Card Number		CVV2 or CID No. (3 digit No.)***	Expiration Date
<please do="" inform<="" not="" send="" td="" this=""><td>mation via email></td><td><please do="" information<="" not="" send="" td="" this=""><td><please do="" not="" send="" td="" this<=""></please></td></please></td></please>	mation via email>	<please do="" information<="" not="" send="" td="" this=""><td><please do="" not="" send="" td="" this<=""></please></td></please>	<please do="" not="" send="" td="" this<=""></please>
Trease do not send this inform	mation via eman-	via email>	information via email>
Card Type		Amount	
□ Visa □ Mastercard		\$ 300.00	
		ING INFORMATION	
Account Number	OTILITY BILL	ING INFORMATION	
Customer Name			
Service Address			
*** Card Identification Number (CID No.) is the last three (3) digits located on the back of the credit card.			
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By signing below I, the cardholder or authorized user, agree to pay the amount as stated above and authorize the City of Oxnard to charge my credit card.			
and additionize the only of Oxhard to charge my credit card.			
Signature of Card Holder			Date
		FOR O	FFICE USE ONLY
Date:	# Pages:	Form of Acceptance	EM ZM AM NM
To:	From:	Approval #	
Co./Dept.		LING	
	Co. UTILITY BIL		CUSTOMER)
Phone #:	Phone #:		
Fax #:	Fax #: (805) 385-7	'865 Clerk Initial:	Date: