



CREDIT CARD AUTHORIZATION

CREDIT CARDHOLDER INFORMATION				
NAME ON CREDIT CARD				
TYPE OF CREDIT CARD (Check Appropriate Box)		<input type="checkbox"/> MASTER CARD	<input type="checkbox"/> VISA	
TYPE OF ACCOUNT (Check Appropriate Box)		<input type="checkbox"/> PERSONAL	<input type="checkbox"/> BUSINESS	
COMPANY NAME				
CREDIT CARD NUMBER				
EXPIRATION DATE				*CCV/Security Code
BILLING ADDRESS				
CITY		STATE		ZIP CODE
EMAIL				
PHONE NUMBER		FAX NUMBER		

AUTHORIZATION OF CARD USE
<p>I certify that I am the authorized holder and signer of the credit card referenced above.</p> <p>I certify that all information above is complete and accurate.</p> <p>I hereby authorize collection of payment for all charges associated with the permit application submitted for: _____ (Address AND Permit Number, if applicable)</p> <p>Charges may not exceed the amount of the permit plus the 3% credit card fee charged for administrative purposes. (\$_____, if known at time of submission)</p> <p>I understand this authorization form will be shredded once payment is approved and paid. Also, I understand each time a permit application is submitted that a Credit Card Authorization will be attached for payment. A faxed copy of the permit and receipt will be faxed back to the above referenced fax number.</p>

CARDHOLDER NAME (Printed)			
SIGNATURE		DATE	