

CREDIT CARD AUTHORIZATION

DATE: _____

COMPANY NAME & ADDRESS: _____

TYPE OF PAYMENT

___ RE-INSPECTION FEES

___ REVISION FEES

___ PERMIT ISSUANCE FEE

___ OTHER: _____

PROPERTY ADDRESS: _____

COMMUNITY: _____ LOT #: _____

PERMIT #: _____

CARD TYPE: ___ VISA ___ MASTER CARD ___ DISCOVER ___ AMERICAN EXPRESS

CARD #: _____

EXPIRATION DATE: _____ VERIFICATION CODE: _____

NAME ON THE CARD: _____

AMOUNT TO BE CHARGED: _____

**THERE IS A 3% CHARGE ASSESSED TO ABOVE AMOUNT

COMPANY FAX #: _____ COMPANY PHONE #: _____

EMAIL:

I AUTHORIZE THE CITY OF WEST MELBOURNE TO CHARGE THE ABOVE AMOUNT TO THE CREDIT CARD NUMBER PROVIDED.

AUTHORIZED SIGNATURE

AUTHORIZED PRINTED NAME

TITLE