

City of Santa Clarita
Administrative Services Department
Attention: Cashier
23920 Valencia Blvd., Suite 140
Santa Clarita, CA 91355
Phone:(661) 286-4099 Fax:(661) 255-4988

CREDIT CARD AUTHORIZATION FORM

DATE: _____ TYPE OF CREDIT CARD: _____

CREDIT CARD HOLDERS NAME: _____
(As it appears on the Credit Card)

CREDIT CARD NO.: _____ EXP. DATE: _____

STREET ADDRESS: _____

ZIP CODE (billing address): _____ CARD CODE: _____
(Three digits shown on back of card, after card number)

TELEPHONE NUMBER: (_____) _____

AMOUNT TO BE CHARGED: _____ PURPOSE OF CHARGE: _____

AUTHORIZED SIGNATURE: _____

(Do Not Write Below This Line)

Received By: _____ Date: _____

Receipt No.: _____