



## CREDIT CARD AUTHORIZATION FORM

Facility ID #: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Base Fee (Incident/Permit Fee): \_\_\_\_\_

3% Surcharge Fee: + \_\_\_\_\_

Total Fee: \_\_\_\_\_

Credit card type (check one):

\_\_\_\_\_ Visa

\_\_\_\_\_ MasterCard

\_\_\_\_\_ American Express

Credit card \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Credit card billing zip code: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Name on card (please print): \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Contact # for questions regarding this transaction: \_\_\_\_\_

You can return the completed form by fax: 925-454-2367

If you have any questions, please call 925-454-2361

Thank you

Please provide appropriate fax, email or mailing address that you wish receipt to be sent to

Fax: \_\_\_\_\_ Email: \_\_\_\_\_ *or*

Mailing Address: \_\_\_\_\_

\*Effective 7/01/2023 there will be a 3% service fee for all credit/debit card payments