



## Credit Card Authorization

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN  
All information will remain confidential

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Credit Card Type:     Visa     Mastercard     Discover

**Please call City Hall at 626-855-1500 to provide your credit card number.**

Amount to Charge: \$ \_\_\_\_\_ (USD)

2.5% Processing Fee: \$ \_\_\_\_\_ (USD)

I authorize \_\_\_\_\_ to charge the amount listed above to the credit card provide herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder-Please Sign and Date

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

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_