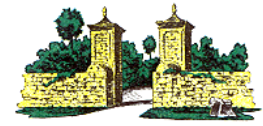


# City of St. Augustine



St. Augustine, Florida

Planning/Building

## CREDIT CARD AUTHORIZATION FORM

### CARDHOLDER INFORMATION

Business Name: \_\_\_\_\_

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

Street Address (cont.): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email \_\_\_\_\_

Business Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### CREDIT CARD INFORMATION

Credit Card Type:  MasterCard  Visa

Name on card: \_\_\_\_\_

Number: \_\_\_\_\_

Expiration Month: \_\_\_\_\_ Expiration Year: \_\_\_\_\_

Security Code: \_\_\_\_\_

Cardholder Signature X \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Credit Card Authorization:

I authorize the City of St Augustine Planning & Building Department to enroll me in the automatic payment plan program. I understand that there is a 2% processing fee per credit card transaction. I may discontinue this authorization at any time by notifying the Planning & Building Department in writing.