



City of St. Augustine Planning & Building Department
Credit Card Authorization Form

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:

By signing this form, you give the City of St Augustine Planning & Building Department permission to charge your account for the amount due. This is permission for a single transaction only, and does not provide authorization for any additional unrelated charges to your account. I understand that there is a \$5.00 processing fee per credit card transaction.