



CREDIT CARD AUTHORIZATION FORM

CARDHOLDER INFORMATION		
Name On Credit Card		
Card Holder Billing Address		
City		Zip Code
Contact Person	Title	Phone No.
Credit Card Number <Please do not send this information via email>	CVV2 or CID No. (3 digit No.)*** <Please do not send this information via email>	Expiration Date <Please do not send this information via email>
Card Type <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	Amount \$ 300.00	
UTILITY BILLING INFORMATION		
Account Number		
Customer Name		
Service Address		

*** Card Identification Number (CID No.) is the last three (3) digits located on the back of the credit card.

By signing below I, the cardholder or authorized user, agree to pay the amount as stated above and authorize the City of Oxnard to charge my credit card.

Signature of Card Holder

Date

Date:	# Pages:
To:	From:
Co./Dept.	Co. UTILITY BILLING
Phone #:	Phone #:
Fax #:	Fax #: (805) 385-7865

FOR OFFICE USE ONLY	
Form of Acceptance:	EM ZM AM NM
Approval #:	_____
Receipt#	_____
(GIVE TO CUSTOMER)	
Clerk Initial:	_____ Date: _____