

## **DEPARTMENT OF BILLING & LICENSING**

214 South C Street., Oxnard, CA 93030 • Phone (805) 385-7816 • Fax (805) 385-7865 Email: c2gutilities@oxnard.org WWW.OXNARD.ORG

## **CREDIT CARD AUTHORIZATION FORM**

CARDHOLDER INFORMATION			
Name On Credit Card			
Card Holder Billing Address			
· ·			
City			Zip Code
			1
Contact Person		Title	Phone No.
Contact Forcer		THE	T Hollo No.
Credit Card Number		CVV2 or CID No. (3 digit No.)***	Expiration Date
<please do="" information<="" not="" send="" td="" this=""><td>mation via email&gt;</td><td><please do="" information<="" not="" send="" td="" this=""><td><please do="" not="" send="" td="" this<=""></please></td></please></td></please>	mation via email>	<please do="" information<="" not="" send="" td="" this=""><td><please do="" not="" send="" td="" this<=""></please></td></please>	<please do="" not="" send="" td="" this<=""></please>
Transe do not sona uns mion	ination via onian	via email>	information via email>
Card Type		Amount	
☐ Visa ☐ Mastercard		\$ 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.			
Cianatura of Cand Halden			Data
Signature of Card Holder			Date
		FOR O	FFICE USE ONLY
Date:	# Pages:	Form of Acceptance	EM ZM AM NM
To:	From:	Approval #:	
Co./Dept.	Co. UTILITY BIL		
Phone #:	Phone #:		CUSTOMER)
Fax #:	Fax #: (805) 385-7	'865 Clerk Initial:	Date: