



**DEPARTMENT OF BILLING & LICENSING**  
 214 South C Street., Oxnard, CA 93030 • Phone (805) 385-7816 • Fax (805) 385-7865

## CREDIT CARD AUTHORIZATION FORM

### TEMP 2-4YD CONTAINER CONSTRUCTION BASIS

CARDHOLDER INFORMATION		
Name On Credit Card		
Card Holder Billing Address		
City Oxnard	State	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 <b>\$200.00</b>	

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. <b>UTILITY BILLING</b>
Phone #:	Phone #:
Fax #:	Fax #: <b>(805) 385-7865</b>

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