



CREDIT CARD AUTHORIZATION FORM

CARDHOLDER INFORMATION		
Name On Credit Card		
Card Holder Billing Address		
City	State	Zip Code
Contact Person	Title	Phone No.
Credit Card Number <Please do not send this information>	CVV2 or CID No. (3 digit No.)*** <Please do not send this information>	Expiration Date <Please do not send this information>
Card Type <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	Amount	
LICENSE INFORMATION		
Certificate Type & Number	Control Number	
Business Name		

*** 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, understand and agree to pay the amount 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. LICENSING DIVISION
Phone #:	Phone #:
Fax #:	Fax #: (805) 385-7836

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