



**Permits, Inspections & Licensing**

**CREDIT CARD AUTHORIZATION FORM**

FAX: (281) 983-2940

**I authorize the City of Meadows Place to use my credit card to process the following payment:**

DATE: \_\_\_\_\_

AMOUNT: \_\_\_\_\_ (A fee of 2.85% will be added to this transactions)

JOBSITE ADDRESS: \_\_\_\_\_

PERMIT NO: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX NO. : \_\_\_\_\_

Credit Card:  Visa  Master Card  Discover  American Express

Last 4 Digits of Credit Card: \_\_\_\_\_ Exp Date: \_\_\_\_\_ CSV Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

Authorized User: \_\_\_\_\_

Signature: \_\_\_\_\_

**\*\*\* Please enter Credit Card Number Below \*\*\***

\*\*\*\*\* CUT HERE \*\*\*\*\*

Credit Card Number: \_\_\_\_\_

This portion will be destroyed once credit card is run and payment is approved.