



# Credit Card Authorization Form

Company Credit Card:  Yes  No

Company Name.....Date.....

Cardholder's Name.....

Permit No(s).....

Card Type:  VISA  MasterCard  American Express

Card No.....

Expiration Date..... Customer Code (3-4 digit).....

Total Amount \$.....

Cardholder's Handwritten Signature.....

**Receipt Address Information:**

Street.....

City..... State..... Zip code.....

Phone number..... Return fax number.....

E-mail.....

**Complete and return to:**

**CASHIER'S EMAIL:** [centralfiles@ocpw.ocgov.com](mailto:centralfiles@ocpw.ocgov.com)

**CASHIER'S DIRECT FAX NO:** (714) 967-0898

\*Fax Hours: 8:00 am -4:00 pm, Monday – Friday (except Holidays)

**CASHIER'S Message Phone (714) 667-9770**

Cashier's Initials..... Date processed.....