



CITY OF SEMINOLE

Achieving Service Through Dedication

AUTHORIZATION FOR PAYMENT BY CREDIT CARD COMMUNITY DEVELOPMENT DEPARTMENT / BUILDING DIVISION

Job Site Address _____

Permit # _____

Type of Payment: VISA MasterCard Discover

Card Number: _____ Expiration Date _____

V Code: _____ (Last three digits on the back of the card)

Name (print or type) _____
(Name as it appears on the Credit Card)

Card Billing Address _____
(Address used by Credit Card Company to mail billing statement)

City _____ State _____ Zip Code _____

Cardholder Signature _____

**Contact Phone # (_____) _____ (Valid phone number required)

All information, including zip code, **must** be completed or your request will not be processed. A completed form and signature authorizes the City of Seminole staff to charge fees and/or payments for services or permits as applicable, to the cardholder's credit card.

**FOR YOUR CREDIT CARD SECURITY FAX YOUR CREDIT CARD
INFORMATION BETWEEN THE HOURS OF 8AM – 4:00PM ONLY.**

DO NOT E-MAIL THIS FORM

FAX NUMBER: 727-319-6583

OFFICE USE ONLY

TOTAL \$ _____ DATE _____ STAFF NAME _____