



**CREDIT CARD
AUTHORIZATION
B-29**

Development Services

Building Division
1635 Faraday Avenue
760-602-2719
www.carlsbadca.gov

Credit Card Payment Authorization

Company/Person Name: _____

I authorize the City of Carlsbad to charge my Visa or Mastercard for payment of services provided as I have indicated below.



Card #: _____

Expiration Date: _____



Card#: _____

Expiration Date: _____

Total Amount to be Charged: \$ _____

Apply Payment To: _____

Cardholders' Name (Please Print) _____

Address Where Credit Card Billing Statement Is Sent _____

Cardholder's Signature _____

Fax to: (760) 602-8558