



# WASHINGTON COUNTY

OREGON

## Debit or Credit Card Authorization \*

\* Accept VISA, MasterCard and Discover

Today's Date: \_\_\_\_\_

Amount of Charge: \$ \_\_\_\_\_

Permit #, Invoice #, or Trust # \_\_\_\_\_ Auth # \_\_\_\_\_  
If available Office Use

Job Site Address \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
MM / YY

Name as shown on card: Please PRINT \_\_\_\_\_

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

CVV2 (Required 3-4 digit number on back of card) \_\_\_\_\_

Billing Address for this card: \_\_\_\_\_  
Street City State

Billing Zip Code for this card: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Purpose of Charge: \_\_\_\_\_

**Credit card authorizations are not kept on file.**  
**Each charge will need a new authorization form .**

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