



Credit Card Authorization Form

Permit Number: _____ Date: _____

Amount of Charge: \$ _____

Reason for Charge: Application Fee
 Permit Fee
 Deposit Fee (Bond)

Job Site Address: _____

Email: _____

Phone Number: _____

Company Credit Card Personal Credit Card

For payments via company credit card, refunds will be issued to the company, not the individual.

Company Name: _____

Refund Address (if different from billing address below): _____

Office Use Only

Authorization Number: _____

Last four digits of card #: _____

Customer Number: _____

(Finance use only)

Check for phone payment

Cardholder Name (as it appears on the card): _____

*Any refunds issued will be returned to the cardholder unless otherwise specified.

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Signature of Cardholder: _____ Date: _____

Credit/Debit Card Number: _____

Expiration Date (MM/YY): _____ CCV Security Code: _____

Notice: Due to a change in business practices, we are no longer able to accept credit card authorization forms via email. Please fax this form to 503-846-7620 or call during our regular business hours to pay via phone.