



## City of Sausalito Credit Card Authorization Form

Card Type: \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_ 

Customer Name \_\_\_\_\_

Name on Card \_\_\_\_\_

Account Number \_\_\_\_\_

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

Expiration Date \_\_\_\_\_ (ex 12/10)

Billing address of card holder \_\_\_\_\_

Billing zip code of card holder \_\_\_\_\_

Amount of payment \$ \_\_\_\_\_

I hereby authorize the City of Sausalito to utilize the credit card listed above for payment.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_