



**Salinas Fire Department**

*Fire Prevention Bureau*

65 W. Alisal Street, Salinas, CA 93901

P: 831-758-7466

Email: FirePrevention.ci.salinas.ca.us

**CREDIT CARD AUTHORIZATION FORM**

The following information is required to process a credit card transaction. Once processed, the form will be shredded.

Permit Number: \_\_\_\_\_ Job Address: \_\_\_\_\_

Credit Card (Circle One):                      Visa                      MasterCard

Name as it appears on card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expire Date: \_\_\_\_\_

Card Security Code (CVV, 3-digit number on back signature panel): \_\_\_\_\_

Amount to be charged: \$ \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_

Copy of Government Issued Identification
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Copy of Credit Card
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Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Email Receipt to: \_\_\_\_\_

Return completed form via email at [FirePrevention@ci.salinas.ca.us](mailto:FirePrevention@ci.salinas.ca.us)