



Authorization for Payment by Credit Card

OFFICE USE ONLY	Permit No. _____	Total \$ _____	Appl. No. _____	Total \$ _____
	License No. _____	Total \$ _____	Project ID _____	Total \$ _____

Complete the following:

Payment For: ☐ Building Permit ☐ Zoning Application ☐ Natural Resources Permit
☐ Contractor License ☐ Site & Sub Application ☐ Other _____

Job Site Address _____

City _____, Florida Zip Code _____

Contact Person _____ Phone _____

Type of payment:	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
Card number _____	Expiration date _____			
V Code _____	(Last three digits on the back of the card)			
Name (print or type) _____	Name as it appears on the credit card			
Card billing address _____	Address used by credit card company to mail billing statements			
City _____	State _____	Zip _____		
Cardholder signature _____				

All information, including zip code, must be completed or your request will not be processed.
A copy of your application should also be included. A completed form and signature authorizes Hillsborough County staff to charge fees and/or payments for services or permits as applicable to the cardholder's credit card.

**FOR SECURITY PURPOSES, PLEASE
FAX YOUR CREDIT CARD INFORMATION
TO THE FOLLOWING FAX NUMBERS ONLY**

(813)274-6721 | (813)276-8318 | (813)272-5149

PLEASE DO NOT SEND CREDIT CARD INFORMATION VIA E-MAIL