



## Authorization for Payment by Credit Card

<b>OFFICE USE ONLY</b>	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) _____	<small>Name as it appears on the credit card</small>			
Card billing address _____	<small>Address used by credit card company to mail billing statements</small>			
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**