



Finance Department
3231 Main Street
Oakley, CA 94561
Tel (925)625-7005 Fax (925)679-1707

Credit Card Authorization Form

Business Name/Company Name: _____

Business Address: _____

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

Billing Address (if different than business address): _____

City: _____ State: _____ Zip Code: _____

Telephone #: () _____

Amount to be Charged: \$ _____

Authorized Signature: _____ Date: _____

Card Type: Visa Mastercard

Card #: _____ Card ID#: _____

Expiration Date: _____ / _____

CITY STAFF: ONCE YOU HAVE PROCESSED CHARGES THROUGH THE REGISTER, PLEASE ATTACH THE CREDIT CARD RECEIPT AND FORWARD THIS COMPLETED FORM TO THE FINANCE DEPARTMENT AT THE END OF EACH DAY.