

# CREDIT CARD AUTHORIZATION FORM

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect from \_\_\_\_\_ to \_\_\_\_\_ until cancelled, whichever is earlier.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA
Cardholder Name (as shown on card):	_____ <small>Please Print</small>
Card Number:	_____ <small>16 Digits</small>
Expiration Date (mm/yyyy):	_____
3 Digit Security Code:	_____
Cardholder ZIP Code (from credit card billing address):	_____

I, \_\_\_\_\_ authorize the Rancho Santa Fe Fire Protection District to charge my credit card above for agreed upon purchases for services performed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date