



**BUILDING CODE SERVICES
CREDIT CARD AUTHORIZATION FORM**

Permit No.: _____ Job Address: _____

Please provide the information listed below and fax request to 954-384-7723.

Credit Card: MasterCard
 Visa
 American Express

Name As It Appears On
Card: _____

Billing Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Card No: _____ Expiration Date: _____

Card Security Code
(CVV2): _____

I authorize the City of Weston to validate payment with my credit card. The information below will remain confidential and after the transaction it will be destroyed.

Signature: _____

Date: _____