



# CITY OF WEST PARK CREDIT CARD AUTHORIZATION FORM

**All Payment Must be Made Payable to:**

**The City of West Park – 1965 South State Rd 7 West Park, FL 33023**

Cardholder's Name (as it appears on the card): \_\_\_\_\_

Type of Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

\_\_\_\_\_  
Cardholder Signature (Or Authorized Signature)

\_\_\_\_\_  
Date

I hereby authorize the City of West Park to charge the credit card listed above according to the current City of West Park Fee Schedule as required. This charge is payment for fees and/or services, and is accepted in good faith by the City of West Park. Should I have any questions concerning the credit card charge(s) made to my account, I will make every attempt to resolve the issue directly with the City of West Park.

This charge is authorized for payment of the following:

- Permit or Application No. \_\_\_\_\_
- Account No. \_\_\_\_\_
- Invoice No. \_\_\_\_\_
- Check: \_\_\_\_\_
- Other \_\_\_\_\_