



**AUTHORIZATION FOR PAYMENT BY CREDIT CARD**  
Planning and Growth Management Department, Building Services Division

OFFICE USE ONLY	Permit No.	Total \$
	License No.	Fee \$
	LIC No.	Type:

**PERMITS/LICENSING**

Complete the following:

Job Site Address \_\_\_\_\_  
City \_\_\_\_\_, Florida Zip Code \_\_\_\_\_

Type of Payment: \_\_\_\_\_ VISA \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ Am Express

Card Number: \_\_\_\_\_ Expiration Date \_\_\_\_\_

V Code: \_\_\_\_\_ (Last three digits on the back of the card)

Name (print or type) \_\_\_\_\_  
(Name as it appears on the Credit Card and Name of Authorized Signer)

Card Billing Address \_\_\_\_\_  
(Address used by Credit Card Company to mail billing statements)

City \_\_\_\_\_, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

**All** information, including zip code, **must** be completed or your request will not be processed. 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 YOUR CREDIT CARD SECURITY**  
**FAX YOUR CREDIT CARD INFORMATION TO THE FOLLOWING**  
**NUMBERS ONLY**

**PERMITTING FAX NUMBERS**

Area Code (813)  
County Center 274-6721 South County 672-7424

**CONTRACTOR LICENSING FAX NUMBER**

Contractor's License No. \_\_\_\_\_  
(If licensed, include license number)  
**(813) 635-7367 (this number is only for faxing forms to Contractor Licensing)**