

City of Hemet
Engineering Department
445 E. Florida Avenue
Hemet, CA 92543
(951) 765-2360 Phone
(951) 765-3734 FAX

CREDIT CARD AUTHORIZATION FORM

Request to accept credit card payment through facsimile transmission authorization

For your protection, your signature is requ	uired to authorize this credit card transaction.
To:	
Fax No:	
Date:	
	dholder or an authorized signer on the following rge this credit card account as indicated below.
Account Number:	
☐ Visa ☐ MasterCard Expiration	n date (Month/Year):
CVS Code (3 digit # on signature line on back	of credit card):
Cardholder Name (copy exactly):	
Authorized Signature (sign):	
Print the Signature Name:	
Today's Date:	Amount Authorized: US \$
Credit Card Statement Address:	
	_
In Payment of:	_

Please FAX this completed authorization to the City of Hemet at (951) 765-3734. Thank you.