



**CREDIT CARD AUTHORIZATION FORM  
BUILDING DEPARTMENT**

**Email this form to: [buildingapp@townofsurfsidefl.gov](mailto:buildingapp@townofsurfsidefl.gov)**

DATE: \_\_\_\_\_ PERMIT# \_\_\_\_\_

TOTAL PAYMENT: \_\_\_\_\_

(If credit card is to be placed on file, please indicate  
PLACE ON FILE here.)

CREDIT CARD TYPE: \_\_\_\_\_  
(Only Visa, Mastercard, or American Express accepted)

CREDIT CARD NUMBER: \_\_\_\_\_

FULL NAME ON CARD: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

CVV Number ("Card Verification Value"): \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

PERMIT JOB ADDRESS: \_\_\_\_\_

PURPOSE OF PAYMENT: \_\_\_\_\_

CARDHOLDER'S SIGNATURE: