



PALM BEACH COUNTY
PUBLIC SAFETY DEPARTMENT
Enhancing the safety and well-being of our community
CONSUMER AFFAIRS
50 South Military Trail
Suite 201
West Palm Beach, FL 33415
561-712-6600
Fax: 561-712-6610

Credit Card Authorization Form

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX
Cardholder Name (as shown on card): _____
Card Number (LAST 4 DIGITS ONLY): _____ Once the completed form is received, customer will be contacted to provide the 12 digits from card number over the phone and the 3 digit CVV#.
Expiration Date (mm/yy): _____
Billing Address: _____ City/State/Zip: _____

I, _____, authorize the use of the credit card below for payment in full of \$_____ for _____.

Customer Signature

Date