



CREDIT CARD AUTHORIZATION FORM

PLEASE COMPLETE, PRINT OR EMAIL THIS AUTHORIZATION FORM.

MAIL TO: 150 S. PALM AVE., RIALTO, CA, 92376

EMAIL: CITYBL@RIALTOCA.GOV

Credit Card Information			
Company Name:			
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> American Express
Cardholder Name:			
Address: _____		_____	_____
	City	State	Zip Code
Card Number:			
Expiration Date (mm/yy):			
Security Code/CVC2/CVV2:			
Telephone:			

I, _____ authorize the **City of Rialto** to charge my credit card the amount of \$_____ for my business related transaction(s). I understand there will be 2% credit card fee on top of my total amount due.

Please note: Our office will contact you if the amount due is greater than the amount calculated.

(* Signature

Date

(* if using an electronic Signature, you authorize the City of Rialto to process the credit card transaction.