



# CREDIT CARD AUTHORIZATION FORM

Credit Cards Accepted: Visa, MasterCard, Discover

I hereby authorize the Office of the County Clerk-Recorder to charge the following credit card for payment of the following requested service:

- Birth Record
- Death Record
- Marriage Record
- Voter Information
- Official Records
- Fictitious Business Name Statement
- Other

Applicant Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_  
(optional)

### Card Holder Information:

Name as it appears on Credit Card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp Date: \_\_\_\_ / \_\_\_\_  
(mm/yy)

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cardholder's Contact Phone Number: (\_\_\_\_) \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(mm/dd/yyyy)

**\*\* \$1.49 service charge fee per transaction \*\***

*Note: This credit card authorization form will be kept on file for 60 days from the date of service. Any disputed charges in conjunction with this request, shall be made within 45 days from the date of service.*

OFFICE USE ONLY

RECEIPT #: \_\_\_\_\_