



# Credit Card Authorization Payment Form

CITY OF SAN BRUNO  
COMMUNITY AND ECONOMIC DEVELOPMENT DEPARTMENT



I authorize the City of San Bruno to my MasterCard or Visa account as indicated below:

Business Tax Certificate- specified amount: \_\_\_\_\_

Permit Fees - specified amount: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Permit Address: \_\_\_\_\_

\_\_\_\_\_  
**Customer/ Business Name**

\_\_\_\_\_  
**Cardholder Name**

\_\_\_\_\_  
**Cardholder Billing Address**

\_\_\_\_\_  
**City**

**State**

**Zip**

\_\_\_\_\_  
**Account# (Visa or Mastercard ONLY)**

**Expiration Date (month/year)**

**CVV #**

\_\_\_\_\_  
**Cardholder Signature**

**Date**

\_\_\_\_\_  
**Cardholder daytime phone number**

**Please return completed and signed authorization form to:**

Fax: (650) 873-6749

**Or by mail:**

San Bruno Community and Economic Development Department  
567 El Camino Real  
San Bruno, CA 94066  
Phone: (650) 616-7074