

Credit Card Authorization

Card Holders Name _____

Card Number _____

CVV2 Number _____

Card Type Visa Mastercard

Expiration Month Year _____

Amount \$ _____

Billing _____
Address

City State Zip

Phone Number _____

E-Mail Address _____

X _____
Authorizing Signature

County Legal Use Only

Authorization Code _____

Processed By _____



COUNTY LEGAL

1023 H Street, Suite B3, Sacramento, CA 95814
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