



CITY OF SANTA CLARA
ENGINEERING DEPARTMENT

1500 Warburton Avenue
Santa Clara, CA 95050
Phone #: (408) 615-3000
Fax #: (408) 985-7936

FAX AUTHORIZATION INFORMATION

PERMIT NUMBER: _____

DATE: _____ / _____ / _____ TIME: A.M./P.M.
CIRCLE ONE

PROJECT ADDRESS: _____
STREET NUMBER AND STREET NAME

CUSTOMER NAME: _____
IF APPLICABLE

NAME ON CREDIT CARD: _____

HOLDERS PHONE NUMBER: _____

CARD HOLDERS ZIP CODE: _____ CRV# _____

FAX NUMBER: _____

CREDIT CARD TYPE: MC VISA DISCOVER AM EXPRESS
CIRCLE ONE

CREDIT CARD NUMBER: _____

EXPIRATION DATE ON CARD: _____

SIGNATURE AUTHORIZATION: _____

***** **FOR OFFICE USE ONLY** *****

AMOUNT: _____

CASHIERING RECEIPT #: _____

PERMIT/CASE NUMBER: _____

EMPLOYEE NAME: _____

PAYMENT FOR: _____

GL ACCOUNT STRING: _____