

## City of Sausalito Credit Card Authorization Form

Card Type:VisaMasterCardMasterCard	
Name on Card	-
Account Number	_
CVV2*(3-digit number on back of card)	
Expiration Date (ex. 12/03)	
Billing Address of Card Holder	-
Billing Zip Code of Card Holder	
Amount of Payment: \$	
I hereby authorize the City of Sausalito to utilize the credit card listed above for payment of my business license taxes. I understand that only the amount listed above will be charged to my credit card and any remaining balance remain on my account must be satisfied prior to a business license being issued.	
Authorized Signature	Date