



**City of Anna Maria**  
**10005 Gulf Dr. P.O. Box 779 Anna Maria FL 34216**  
**Ph.: 941-708-6130 ext.25 Fax: 941-708-6136**

**Credit Card Authorization Form**

Please provide the information listed below and submit to the Building Department

Permit Number: \_\_\_\_\_ Job Address \_\_\_\_\_

Cardholder Name (as it appears on the card) \_\_\_\_\_

Company Name: \_\_\_\_\_

Type of Card : Visa  Mastercard  Discover

Credit Card Number: \_\_\_\_\_

CVV# \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

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

Phone # \_\_\_\_\_ Fax# \_\_\_\_\_

I hereby certify that information provided is accurate and I authorize the City of Anna Maria to charge my credit card. By signing below, I understand that my signature on this form will serve as the authorized signature on the credit card and agree to pay the fees that are due.

Cardholder's Signature: \_\_\_\_\_

Date: \_\_\_\_\_