

# CREDIT CARD AUTHORIZATION FORM



## Water Resource Recovery Department

450 Civic Center Plaza  
Richmond, CA 94804  
Phone: (510)620-6594  
Fax: (510)307-8195

To:

Fax:

Date:

# of pages: 1

Regarding:

Phone:

**VISA or MASTERCARD (Circle one)**

**Credit Card #**

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**Expiration Date**

		/		
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**Amount**

**CVC CODE** \_ \_ \_

\$
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**Name on Credit Card (Print):** \_\_\_\_\_

**Mailing address for Credit Card:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Authorizing Signature:** \_\_\_\_\_

**\*\* ALL INFORMATION MUST BE PROVIDED IN ORDER TO PROCESS \*\***