



## CREDIT CARD AUTHORIZATION FORM

PLEASE COMPLETE, PRINT OR EMAIL THIS AUTHORIZATION FORM.

**MAIL TO: 150 S. PALM AVE., RIALTO, CA, 92376**

**EMAIL: [CITYBL@RIALTOCA.GOV](mailto:CITYBL@RIALTOCA.GOV)**

<b>Reference #</b> _____ <b>Credit Card Information</b>
Company Name:
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> American Express
Cardholder Name:
Address: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>City</span> <span>State</span> <span>Zip Code</span> </div>
Card Number:
Expiration Date (mm/yy):
Security Code/CVC2/CVV2:
Telephone:

I, \_\_\_\_\_ authorize the **City of Rialto** to charge my credit card the amount of \$\_\_\_\_\_ for my business related transaction(s). I understand there will be 2% credit card fee on top of my total amount due.

*Please note: Our office will contact you if the amount due is greater than the amount calculated.*

\_\_\_\_\_  
(\* Signature

\_\_\_\_\_  
Date

(\* if using an electronic Signature, you authorize the City of Rialto to process the credit card transaction.