



City of Salinas, Finance Department

Credit Card Authorization Form

The following information is required to process a credit card transaction.

Name as it appears on credit card: _____

Billing Address:

Street Address: _____

City, State, Zip Code: _____

Credit Card:

Card Number: _____ Expiration date: _____

Card Security Code (CVV, 3 digit number on back of card): _____

Total License Fees Due: _____ 3% Credit Card Fee: _____

Amount to be charged to your card: _____

For internal use only:

Departments: To properly process this transaction, please provide the following information.

Account Cost Code: _____ Comments: _____