



Credit Card Authorization Form

CITY OF WESTON
BUILDING DEPARTMENT
3265 MERIDIAN PKWY, SUITE 100
WESTON, FLORIDA 33331
954-385-0500 Office
954-888-9018 FAX

Permit No.: _____ Job Address _____

Please provide the information listed below and fax request to 954-888-9018.

- Credit Card: MasterCard
 VISA
 American Express

Name As It Appears On Card: _____

Billing Address: _____

City: _____ ST: _____ ZIP: _____

Phone: _____ Fax: _____

Card No.: _____ Expiration Date: _____

Card Security Code (CVV2): _____

I authorize the City of Weston to validate payment with my credit card. The information below will remain confidential and after the transaction it will be destroyed.

Signature: _____

Date: _____