



CITY OF SANIBEL CREDIT CARD AUTHORIZATION

PRINT NAME: _____

CREDIT CARD BILLING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE NUMBER: (_____) _____

FAX NUMBER: (_____) _____

EMAIL ADDRESS: _____

AMOUNT TO BE CHARGED TO CARD \$ _____
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PAYMENT: *(circle one)* **VISA** **MASTER CARD**

CARD NO: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

EXP. DATE: _ _ / _ _ **3 DIGIT # BACK OF CARD** _____

By signature below, I affirm I am the card holder to the above listed credit card. I authorize the City of Sanibel to charge my credit card account for the amount listed above.

CARD HOLDER SIGNATURE: _____

Or mail check to:
City of Sanibel – City Manager’s Office
Attn: Executive Assistant
800 Dunlop Road
Sanibel, FL 33957

Email: sanadmin@mysanibel.com

CITY MANAGER’S OFFICE FAX NUMBER: (239) 472-3065