

CITY OF SANIBEL BUILDING DIVISION  
CREDIT CARD PAYMENT AUTHORIZATION FORM



COMPANY NAME: \_\_\_\_\_

CONTRACTOR'S PHONE NUMBER: \_\_\_\_\_

CONTRACTOR'S EMAIL: \_\_\_\_\_

PERMIT # OR LICENSE # \_\_\_\_\_

AMOUNT TO BE CHARGED TO CREDIT/DEBIT CARD \$ \_\_\_\_\_

PAYMENT: (circle one) VISA MASTER CARD (No AMEX/Discover)

CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_ / \_\_\_ 3-DIGIT # IN THE BACK OF CARD \_\_\_\_\_

PRINT NAME OF CREDIT/DEBIT CARD HOLDER: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

BILLING ZIP CODE (REQUIRED FOR PAYMENT PROCESSING): \_\_\_\_\_

*I AM THE CARD HOLDER OR AN AGENT TO THE ABOVE LISTED CREDIT/DEBIT CARD. I AUTHORZE THE CITY OF SANIBEL TO CHARGE FEES TO THE CREDIT/DEBIT CARD ACCOUNT LISTED ABOVE.*

CREDIT/DEBIT CARD SIGNATURE: \_\_\_\_\_

**\*\*\*FAX TO: (239) 472-8826 OR EMAIL TO: SANIBELBUILD@MYSANIBEL.COM\*\*\***

YOU MAY ALSO MAIL A CHECK TO:  
CITY OF SANIBEL  
ATTN: BUILDING DIVISION  
800 DUNLOP ROAD  
SANIBEL, FL 33957