



CITY OF SANIBEL
Planning Department
CREDIT CARD PAYMENT FORM

COMPANY NAME: _____

APPLICANT/CONTRACTOR'S PHONE No: (_____) _____

APPLICANT/CONTRACTOR'S FAX No: (_____) _____

PERMIT # _____
SUBJECT PROPRTY ADDRESS: _____
AMOUNT TO BE CHARGED TO CREDIT CARD: \$ _____

Payment: (Circle One)

VISA

MASTERCARD

CARD No: _____

EXPIRATION DATE: _____ / _____ 3 DIGIT # BACK OF CARD: _____

PRINT NAME OF CARD HOLDER: _____

I am the card holder or an agent to the above listed credit card. I authorize the City of Sanibel to charge fees to the above listed credit card account.

CREDIT CARD HOLDER'S SIGNATURE: _____

BILLING ADDRESS: _____

BILLING ZIP CODE (Needed to Process Payment): _____

Or mail check to:
City of Sanibel
Attn: Planning Department
800 Dunlop Road
Sanibel, FL 33957

PLANNING DEPARTMENT FAX No: (239) 472-8826