



Credit Card Authorization

TO: _____	FROM: _____
FAX #: _____	PHONE #: _____
REFERENCE NUMBER: _____	
DESCRIPTION: _____	
AMOUNT DUE: \$ _____	

INSTRUCTIONS:

- 1) Complete the entire remittance form below.
- 2) Place Drivers License in box to the right.
- 3) Scan and email to pflores@ci.azusa.ca.us

Place Driver's License here and
photo copy this entire sheet.

ACCEPT VISA OR MASTERCARD ONLY

CARDHOLDER NAME: _____	PLEASE PRINT
CARDHOLDER SIGNATURE: _____	
CARD BILLING ADDRESS: _____	ZIP CODE: _____
<input type="checkbox"/> VISA <input type="checkbox"/> MASTER CARD	EXPIRATION DATE: _____
CARD NUMBER: _____	ZIP CODE: _____
SECURITY CODE (From rear of card): _____	AMOUNT: \$ _____