



Finance Department | Revenue Division
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www.fremont.gov

Charge Card Authorizatton

Credit Card Authorization for business tax registration and payments

Date: _____

Business Name: _____

.....

Please forward business registration receipt to: *(optional)*

Attention: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

e-mail address: _____

.....

Print Name _____ Amount to be charged: \$ _____
(as it appears on credit card)

Authorized Signature: _____ Date: _____

.....

Please charge my (check one): Visa Master Card Amount to be charged: \$ _____

Card # _____ - _____ - _____ - _____ exp. ____ / ____

V-Code (3 digit): _____ Billing Zip Code: _____