



Finance Department | Revenue Division  
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# 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: \_\_\_\_\_