



Finance Department | Revenue Division
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Charge Card Authorization

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: