



## CREDIT CARD AUTHORIZATION

Site Address: \_\_\_\_\_

Type of Permit: \_\_\_\_\_

Card Type:     Visa     MasterCard     Discover     American Express

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_ / \_\_\_\_                      V-Code/3-digit Security Code: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

I hereby give the City of Brookhaven permission to charge this credit card for permit fees for the permit referenced above.

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

Please fax to (404)637-0501 or e-mail to [permits@brookhavenga.gov](mailto:permits@brookhavenga.gov)

*The credit card number will not be retained by the City of Brookhaven once the transaction is processed.*