



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 e-mail to permits@brookhavenga.gov.

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