



# CITY OF OCEAN CITY

AMERICA'S GREATEST FAMILY RESORT

## Authorization for Credit Card Use

All information will remain confidential

We do not accept American Express

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

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_ @ \_\_\_\_\_

Phone Number: ( ) - \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover

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

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

Card Identification Number: \_\_\_\_\_ (last 3 digits located on the back of the credit card)

Amount to Charge: \$ \_\_\_\_\_ (USD)

I hereby authorize The City of Ocean City to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

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

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

Print Name: \_\_\_\_\_

Division (please circle one)

(Fire prevention/ Smoke Detector ) (Construction Code/ U.C.C.) (Zoning Permit Fee) (Mercantile/  
Licensing) (Engineering) (Dumpster Permit)

Block/ Lot/ Qualifier: \_\_\_\_\_

Location Address: \_\_\_\_\_

Reference Number/ License Number/ Invoice Number (if available): \_\_\_\_\_

115 12<sup>th</sup> Street, OCEAN CITY, NJ 08226  
PH: 609-399-6111 FAX: 609-399-2496

*Printed on Recycled Paper*