

**CITY OF TITUSVILLE
BUILDING DEPARTMENT
CREDIT CARD PAYMENT AUTHORIZATION FORM**

PLEASE PRINT LEGIBLY

DATE: _____

ACCOUNT NUMBER: _____

NAME ON CARD: _____

TYPE OF CARD: _____

EXPIRATION DATE: _____

BILLING ADDRESS: _____

AMOUNT TO BE CHARGED: _____

AUTHORIZED SIGNATURE FOR CARD USER: _____

PRINTED NAME OF USER SIGNING: _____

REFERENCE (FILL IN APPROPRIATE ITEM)

PERMIT: _____
RE-INSPECTION FEE: _____
PLAN OR PERMIT REVISION FEE: _____
OTHER: _____

**YOU MAY RETURN THIS FORM VIA FAX TO CITY OF TITUSVILLE'S
BUILDING DEPARTMENT AT 321-383-5700**