



SANTA ROSA COUNTY DEVELOPMENT SERVICES

6051 Old Bagdad Highway, Suite 202 | Milton, Florida 32583

Credit Card Authorization Form

Form must be completed in order to process.

This information will be **shredded** once processed.

Permit #: _____ Job Address: _____

Contractor License #: _____ Fax #: _____

Phone #: _____ Email: _____

American Express

Discover

Master Card

Visa

Name on Card: _____

Card Number: _____

Billing Zip: _____ Expiration Date: _____ CDC #: _____

(Number on the back of the card)

The credit card transactions are processed through  and a 3.5% processing fee will apply to all transactions.

Fee Amount \$: _____

Processing Fee \$: _____

Total \$: _____



This portion will be retained for our records once processed.

I hereby authorize the Santa Rosa County Development Services to charge this credit card number with the above listed fees.

Signature

Date