



Sacramento Metropolitan Fire District

Community Risk Reduction Division

www.metrofire.ca.gov

10545 Armstrong Ave., Suite 310 · Mather, CA 95655 · Phone (916) 859-4330 · Fax (916) 859-3717

MARK A. WELLS
Fire Chief

CREDIT CARD PAYMENT AUTHORIZATION FORM

Please print clearly and enter all of the information requested. Complete this form and return it by fax to 916-859-3717 or by E-mail to: crrdstaff@metrofire.ca.gov

FOR OFFICE USE ONLY

Occupancy ID: _____	Received Stamp:
Permit #: _____	
Account#: _____	
Invoice #: _____	RCV'D By: _____

Occupancy ID: _____

Permit #: _____

Project Name: _____

Project Address: _____

City: _____

Zip: _____

Type of Card Visa MasterCard Discover

Card # _____

3-digit security code (on back of card): _____

Expiration Date _____

Authorized Charge Amount: \$ _____

Cardholder Name: _____

Phone# _____

Credit Card billing address: _____

Zip Code: _____

Email Address: _____

Cardholder Signature: _____

Date: _____

**** YOUR SIGNATURE HEREBY AUTHORIZES SACRAMENTO METROPOLITAN FIRE DISTRICT TO CHARGE THE CREDIT OR DEBIT CARD REFERENCED ABOVE FOR THE AMOUNT STATED ON THIS FORM. ****