



KURT P. HENKE
Fire Chief

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

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 crdstaff@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. ****