



CITY OF PINOLE

Finance Department

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Pinole, CA 94564
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Credit Card Authorization

Name: _____
Please Print Clearly

Address: _____
* address * City * Zip

Type: (circle one) _____ Master Card _____ Visa _____

Account # _____
Please print clearly

Expiration Date: _____
Month Year

By signing below, I am authorizing the City of Pinole to charge my account in
the amount of \$ _____

Signature

Date

*****Address and zip code must match your billing address for this credit card
for the transaction to be processed**