



CITY OF PINOLE

Finance Department

2131 Pear Street
Pinole, CA 94564
Phone: (510) 724-9822
FAX: (510) 724-9826
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Credit Card Authorization

Name: _____ Phone: _____
Please Print Clearly Area Code & Phone Number

Address: _____
*Street Address *City *Zip

Type: (Circle One) **Master Card** **Visa**

Account # _____
Please Print Clearly

Expiration Date: _____ - _____ - _____
Month Year 3 Digit Security Code on back

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

the amount of \$ _____ for _____
Brief description of use

Signature Date

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