



**AUTHORIZATION FOR PAYMENT BY CREDIT CARD**  
**Public Works • Right Of Way Management Office**

OFFICE USE ONLY	Permit No. _____	Total \$ _____
-----------------	------------------	----------------

**PERMITS**

Complete the following:

**Job site Address** \_\_\_\_\_

**City** \_\_\_\_\_, **Florida Zip Code** \_\_\_\_\_

**Permit No.** \_\_\_\_\_ **Contact Phone #** \_\_\_\_\_

<p><b>Type of Payment:</b> _____ VISA _____ MasterCard _____ Discover</p> <p>Card Number: _____ Expiration Date: _____</p> <p><b>V Code:</b> _____ <b>(Last three digits on back of the card)</b></p> <p>Name (print or type) _____ (Name as it appears on the card)</p> <p>Card Billing Address _____ (Address used by credit card Company to mail billing statements)</p> <p>City _____ State _____ Zip _____</p> <p>Cardholder Signature _____</p>
---

**All** information, including zip code, **must** be completed or your request will not be processed. A completed form and signature authorizes Hillsborough County staff to charge fees and/or payments for services or permits as applicable to the cardholder's credit card.

**FOR YOUR CREDIT CARD SECURITY**  
**FAX YOUR CREDIT CARD INFORMATION TO THE FOLLOWING**  
**NUMBER ONLY**

\_\_\_\_\_  
Permitting Fax number  
ROW Management Office 813-635-5463