



**COUNTY OF ALAMEDA
BUILDING INSPECTION DEPARTMENT
399 Elmhurst Street, Room 141, Hayward, CA 94544-1395
Telephone (510) 670-5440 FAX (510) 293-0960**

CREDIT CARD PAYMENT AUTHORIZATION FORM

Please Print or Type all information (except signatures)

COMPANY NAME _____ PHONE NUMBER _____
 COMPANY ADDRESS _____ FAX NUMBER _____
 CITY, STATE, ZIP _____ Email Address _____
 CONTRACTOR'S LICENSE NUMBER _____ LICENSE CLASS _____

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

CREDIT CARD NUMBER _____
 NAME ON CARD _____ EXPIRATION DATE _____ SECURITY CODE _____

The following employees have my permission to use the credit card listed above to obtain permits in the name of the company.

1. (Print name) _____ Signature _____
2. (Print name) _____ Signature _____
3. (Print name) _____ Signature _____
4. (Print name) _____ Signature _____

The undersigned gives Alameda County Building Inspection permission to accept a facsimile of any of the above signatures on a faxed permit application in lieu of an in-person signature at our office.

The undersigned gives Alameda County Building Inspection permission to charge to the credit card listed above the fees associated with permits applied for in the company name by the above employees.

I hereby certify that I will comply with all declarations and agreements on the faxed permit application.

This authorization shall remain in effect until

- a. _____(date), or
- b. expiration date of the Credit Card

Authorization by (Print) _____ Title: _____

(Signature) _____ Date: _____

**ALAMEDA COUNTY BUILDING INSPECTION RESERVES THE RIGHT TO TERMINATE THIS
AUTHORIZATION AT ANY TIME FOR GOOD CAUSE.**