Community Development Department
300 Richards Boulevard 3rd Floor Sacramento, CA 95811
Help Line: (916) 264-5011
www.cityofsacramento.org/dsd

Credit Card Information Registration Form

(Please return this form in person or mail to the address above)

DO NOT FAX THIS FORM

Company Name: _____ Phone Number: _____

Company Address: _____ Fax Number: _____

License Class: _____ License Number: _____ Expiration Date: _____

Credit Card Number: _____ ☐ Visa ☐ Mastercard

Name on Credit Card: Expiration Date:

Credit Card Number: _____ ☐ Visa ☐ Mastercard

Name on Credit Card: _____ Expiration Date: _____

The following employees have my permission to use the above credit card(s) to obtain permits in the name of my company:

Employee Name	Signature
Employee Name	Signature
Employee Name	Signature
Authorized Card Holder's Name	Signature

The undersigned gives the City of Sacramento Community Development Department permission to accept a facsimile of any of the above signatures on a faxed permit application in lieu of an in-person signature at your office. I hereby certify that I will comply with all declarations and agreements on the faxed permit application.

Contractor's Name	Signature	Date

OFFICE USE ONLY

Reviewed By	Date	Registration #