

CREDIT CARD AUTHORIZATION FOR CITY OF MIAMI BEACH

Note: You must include a copy of the front and back of your credit card, a copy of the cardholder's license, and a copy of the invoice that you are paying.

Fax this form and all documentation to (305) 673-7067 or Email to: offduty@miamibeachfl.gov

DATE:	JOB #
TOTAL PAYMENT: _	(If credit card is to be placed on file, please indicate PLACE ON FILE here.)
CREDIT CARD TYPE:	(Only Visa, Mastercard, or American Express accepted)
	ER:
FULL NAME ON CARI	D:
EXPIRATION DATE: _	
BILLING ADDRESS: _	
TELEPHONE #:	
COMPANY REQUESTING SERVIC	E:
PURPOSE OF PAYMEN	NT: OFF-DUTY POLICE
CARDHOLDER'S	