



Agricultural Commissioner's Office
Weights & Measures ■ County of Santa Barbara

William D. Gillette
Commissioner/Director

**CREDIT CARD ACCOUNT
ENROLLMENT FORM**

Company Name _____

Address _____

City _____ State _____ Zip _____

Contact Person _____

Phone Number _____

I hereby authorize the County of Santa Barbara, Agricultural Commissioner's Office to charge the account identified below for fees incurred for inspection services. This authorization will remain in effect until rescinded with 60 days written notice.

Signature _____ Date _____

Title _____

Type of Credit Card (*circle one*) MasterCard Visa

Credit Card # _____ Expiration Date _____

Authorized by: _____

Credit Card # _____ Expiration Date _____

Authorized by: _____

Credit Card # _____ Expiration Date _____

Authorized by: _____

Credit Card # _____ Expiration Date _____

Authorized by: _____

Santa Maria office: 624 W. Foster, Ste. E: Office (805) 934-6200: Fax (805) 934-6202

263 Camino del Remedio ■ Santa Barbara, California 93110
Phone (805) 681-5600 ■ Fax (805) 681-5603