



COUNTY CLERK, RECORDER AND ASSESSOR
ASSESSOR DIVISION

CREDIT CARD AUTHORIZATION FORM
VISA/MASTERCARD/DISCOVER ONLY
NO AMERICAN EXPRESS

I hereby authorize the Office of the County Assessor to charge the following credit card for payment of requested service:

Specify Service Requested:

Requestor's Name: _____ **Phone #:** _____

Email Address: _____

CARDHOLDER INFORMATION

Cardholder (name as appears on credit card): _____

Credit Card Number (*American Express not accepted*): _____ **Exp Date:** ____ / ____

Address: _____

City: _____ **State:** ____ **Zip:** _____

Cardholder Phone Number: _____

Cardholder Signature: _____ **Date:** _____

Company/Firm: _____

Please check this box if you wish to keep this authorization form on file for regularly scheduled requests

Note: This credit card authorization form will be kept on file for 60 days from date of service. Any disputed charges made in conjunction with this request, shall be made within 45 days from date of service.

Fax (email not accepted) this completed credit card authorization form to (805) 568-3247 or mail completed form to:
Santa Barbara County Assessor
PO Box 159
Santa Barbara, CA 93102

OFFICE USE ONLY	
Transaction #:	_____
Charge Amount:	_____
Date:	_____