

JOSEPH E. HOLLAND
County Clerk-Recorder

MELINDA GREENE
Chief Deputy Clerk-Recorder

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OFFICE OF THE SANTA BARBARA COUNTY CLERK-RECORDER

CREDIT CARD AUTHORIZATION FORM

VISA/MASTERCARD/DISCOVER ONLY – NO AMERICAN EXPRESS

Applicant Name: _____

Phone #: (_____) _____

Cardholder Name (as it appears on card): _____

Address: _____

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

Cardholder Phone Number: (_____) _____

Last four digits of Credit Card: _____ **Exp Date:** ____/____/____

I hereby authorize the Office of the County Clerk-Recorder to charge the following credit card for payment of requested service.

Cardholder Signature: _____ **Date:** ____/____/____

Note: Although credit cards are acceptable for fees, we do not accept credit cards for payment of taxes, such as Documentary Transfer Tax. The acceptance of credit cards is extended as a convenience for small denominations in value. The County incurs costs associated with credit card use and does not have a fee structure in place to recover the significant costs associated with taxes. Thank you for your cooperation.

THE TOP PORTION OF THIS FORM WILL BE KEPT IN A LOCKED FILE FOR SIX MONTHS FROM DATE OF SERVICE, WITH LIMITED CUSTODIANS HAVING ACCESS. FORMS ARE NOT TRANSPORTED TO OTHER LOCATIONS. ANY DISPUTED CHARGES MADE IN CONJUNCTION WITH THIS REQUEST AFTER SIX MONTHS ARE SUBJECT TO MANAGEMENT DISCRETION

Office use only
Receipt # _____

FOR YOUR PROTECTION, THE BOTTOM PORTION OF THIS FORM WILL BE REMOVED AND CRISS-CROSS SHREDDED AFTER YOUR REQUEST IS PROCESSED.

Credit Card Number (Visa/MasterCard/Discover): _____ - _____ - _____ - _____