



Community Services Department • Shoreline Division
3070 N. Shoreline Blvd • Post Office Box 7540 • Mountain View, CA 94039-7540 • (650)903-6392 • FAX (650)962-1102

Credit Card Authorization Form

I, _____, authorize Shoreline Division to charge my credit card below:
Print Name

PAYMENT	
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
Amount: \$ _____ (Enter Amount)	
Circle One Lot A Lot B (\$700 per day/per lot)	
Credit Card # _____ - _____ - _____ - _____	
Expiration Date ____ / ____	
3-digits on back of card _____	
Name as it appears on Credit Card: _____	
Address: _____ <small>(P.O. BOX NOT ACCEPTABLE)</small>	
City/Zip Code: _____	
Cardholder Signature: _____	Date: _____

Reference _____

Submit completed form by one of the following:

Mail
Shoreline at Mountain View
3070 N. Shoreline Blvd.
Mountain View, CA 94043

E-mail
aischa.standingcrow@mountainview.gov

Office Use Status

Transmittal C/R Desc SHRSE