



CITY OF BELLE ISLE, FLORIDA

1600 Nela Avenue
Belle Isle, Florida 32809
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www.cityofbelleislefl.org

One Time Credit Card Payment Authorization Form

****A service fee of \$1.50 per \$50.00 will be charged at time of payment****

Sign and complete this form to authorize The City of Belle Isle to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize The City of Belle Isle to charge my credit card
(full name)

account indicated below for _____ on or after _____
(amount) (date)

This payment is for PERMIT # _____
REINSPECTION FAILED ON _____
PROJECT ADDRESS _____

ALL INFORMATION IS REQUIRED ~ INCLUDING A PHONE NUMBER

Account Type: <input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Cardholder Name _____			
Account Number _____			
Billing Address _____	Phone# _____		
City, State, Zip _____			
Expiration Date _____	CVV2 (3 digit no. on back of Visa/MC, 4 digits on front of AMEX) _____		

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

SIGNATURE _____ DATE _____