



Office of the Fire Marshal
City of Galveston
823 26th Street
Galveston, TX 77550
Phone (409) 797-3870

Credit Card Authorization Form

Customer/ Account Name: _____

Phone (Home or Business): (_____) _____

Address _____ City _____ State _____ Zip _____

Email _____

Credit Card Information

Cardholder's Name: _____

Amount to be Charged: _____ Card Type: VISA MC AMEX

Card Number: _____

Expiration Date: ____/____/____

CVV #: _____ (Last three (3) numbers on the back of the card, or four (4) numbers on the left front of AMEX card)

I _____ (print name) do hereby authorize The City of Galveston Fire Marshal's office to charge to the above noted credit card for services rendered.

Customer Signature

Date

FOR DEPARTMENT USE ONLY	
Date Issued ____ / ____ / ____	Date Expires ____ / ____ / ____
Permit Number ____ - ____ - ____	Receipt # _____
_____ Issued by	Amount Charged - \$ _____