



Finance Department | Revenue Division  
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City Website: [www.UnionCity.Org](http://www.UnionCity.Org)

## CREDIT CARD AUTHORIZATION FORM

Date:				
<b>BUSINESS / CUSTOMER INFORMATION</b>				
Business Name (if applicable):				
First/Last Name:				
Street Address:				
City:	State:	Zip Code:		
Telephone:	E-mail:			
<b>PAYMENT INFORMATION</b>				
Purpose of Payment (Add account number if applicable):				
Please charge my (Check one)	VISA <input type="checkbox"/>	MasterCard <input type="checkbox"/>	Discover <input type="checkbox"/>	AMEX <input type="checkbox"/>
Print Name (As it appears on card):				
Amount to be Charged: \$				
Card #:				
Exp. Date:				
Billing Street Address (if different than Business/Customer Address):				
City:	State:	Zip Code:		
Authorized Signature:				

Questions or need assistance? Call 510-675-5312 or e-mail [Biz-License@UnionCity.org](mailto:Biz-License@UnionCity.org)

**NOTE: THIS FORM MUST BE RETURNED TO CITY HALL IN PERSON OR BY MAIL WITH ORIGINAL SIGNATURES, OR FAXED TO THE CITY HALL CASHIERING OFFICE (ONLY TO FAX 510-489-5074). E-MAIL WILL NOT BE ACCEPTED.**