



Finance Department | Revenue Division
 34009 Alvarado-Niles Road
 Union City, CA 94587
 Phone: 510-675-5312 | Fax: 510-489-5074
 E-mail: Biz-License@UnionCity.Org
 City Website: www.UnionCity.Org

CREDIT CARD AUTHORIZATION FORM

Date:		
BUSINESS / CUSTOMER INFORMATION		
Business Name (if applicable):		
First/Last Name:		
Street Address:		
City:	State:	Zip Code:
Telephone:	E-mail:	
PAYMENT INFORMATION		
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 510-675-5417 or e-mail 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.

* For any payment over \$2,500.00, there is a convenience fee of 2.25%.