

Credit Card Authorization Form

Please complete all fields.

Credit Card Information	
Card Type: <input type="checkbox"/> VISA <input type="checkbox"/> AMEX	
Cardholder Name (as shown on card): _____	
Card Number: _____	
Expiration Date (mm/yy): _____	<u>CVV</u> : _____
Cardholder ZIP Code (from credit card billing address): _____	

I, _____, authorize San Bernardino County Department of Public Health – Vital Statistics Records Office to charge my credit card above for agreed upon purchases. I understand that my information will not be saved for future transactions on my account and a service fee will apply.

Customer Signature

Date