

City of Santa Clarita
Santa Clarita Film Office
23920 Valencia Blvd., Suite 100
Santa Clarita, CA 91355
Phone: (661) 284-1425 Fax: (661) 286-4001

CREDIT CARD AUTHORIZATION FORM
(PLEASE WRITE LEGIBLY)

DATE: _____ **TYPE OF CREDIT CARD:** _____

CREDIT CARD HOLDER'S NAME: _____
(As it appears on the Credit Card)

CREDIT CARD NO.: _____ **EXP. DATE:** _____

STREET ADDRESS: _____

ZIP CODE (billing address): _____ **CARD CODE:** _____
(Three digits shown on back of card, after card number)

TELEPHONE NUMBER: () _____

AMOUNT TO BE CHARGED: \$ _____ **PURPOSE OF CHARGE:** _____

AUTHORIZED SIGNATURE: _____

(Do Not Write Below This Line)

Received By: _____ Date: _____

Receipt No.: _____

Film Permit # _____	
100-4131.002 (Film)	\$ _____
100-4131.003 (Road)	\$ _____
100-4131.005 (Prop)	\$ _____
100-4571.025 (Staff)	\$ _____
102-2010.053 (LASD)	\$ _____
102-2010.060 (Fire)	\$ _____
	\$ _____
	\$ _____