



City of Pembroke Pines

601 City Center Way 2nd Floor, Pembroke Pines, FL 33026 | Tel#954-435-6502 | Fax#954-435-6749

Credit Card Authorization Form

Please Provide the information listed below and submit to the Building Department

Permit or Process Number _____ Job Address _____

Cardholder Name (As it appears on the card) _____

Company Name _____

Type of Credit Card MasterCard Visa American Express Discover

Credit Card Number _____

CVM Security Code _____ Expiration Date _____

Billing Address _____
Street

_____ City State Zip Code

Phone # _____ Fax # _____

I hereby certify that the information provided is true and I authorize Calvin Giordano, & Associates to charge my credit card. By signing below, I understand that my signature on this form will serve as the authorized signature on the credit card and agree to pay the fees that are due.

Cardholder's Signature _____ Date _____



Calvin, Giordano & Associates, Inc.
EXCEPTIONAL SOLUTIONS

Acceptable forms of payment include debit/credit card, check, or money order.
Please make all checks/money orders payable to CGA.

Revised 5/5/2014, KC