



# CITY OF INGLEWOOD

## ECONOMIC AND COMMUNITY DEVELOPMENT DEPARTMENT

### ONE (1) TIME CREDIT CARD PAYMENT AUTHORIZATION FORM

Sign and complete this form to authorize **City of Inglewood** to make a one-time charge to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

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**Please complete the information below:**

I, \_\_\_\_\_, authorize **City of Inglewood** to charge my credit card  
(Cardholder's Full Name)  
account indicated below for \$ \_\_\_\_\_ on or after \_\_\_\_\_. This payment is for  
(Amount) (Date)  
\_\_\_\_\_  
(Description of Services)

Card Details:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express
Cardholder Name	_____		
Account Number	_____		
Expiration Date	_____		
CVV Number	_____		
Billing Address	_____		
City, State, Zip	_____		
Phone Number	( ) _____		
Email Address	_____		

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(Cardholder's Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

I authorize the City of Inglewood to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the services described above, for the amount indicated above only, and is valid for one (1) time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms indicated in this form.