



FINANCE DEPARTMENT

2131 Pear Street, Pinole, CA 94564 www.pinole.gov
Phone: (510) 724-9008 Email: businesslicenses@pinole.gov

Credit Card Authorization

Name: _____
Please Print Clearly _____ area code & phone number

Address:

_____ * address * City * Zip

Type: (circle one) **Master Card** **Visa** **Discover**

The City of Pinole Does not Accept American Express

Account # _____
Please print clearly _____ - _____ - _____
3 digit security code on back of card

Expiration Date: _____
Month Year

By signing below, I am authorizing the City of Pinole to charge my account in the amount of \$ _____ for _____
Brief description of use

Signature **Date**
I certify that the information above is complete and accurate

***Address and zip code must match your billing address for this credit card for the transaction to be processed**

City of Pinole Business License Number