



Development Services Department

300 Richards Boulevard 3rd Floor Sacramento, CA 95811

Help Line: (916) 808-5656

www.cityofsacramento.org/dsd



CREDIT CARD INFORMATION REGISTRATION FORM

(Please return this form in person or mail to either of the addresses above)

DO NOT FAX THIS FORM

Company Name _____ Phone Number () _____
 Company Address _____ Fax Number () _____
 License Class _____ License Number _____ Expiration Date _____

Credit Card Number _____ Visa Mastercard
 Name on Credit Card _____ Expiration Date _____

Credit Card Number _____ Visa Mastercard
 Name on Credit Card _____ Expiration Date _____

The following employees have my permission to use the above credit card(s) to obtain permits in the name of my company:

Employee Name _____ Signature _____

Employee Name _____ Signature _____

Employee Name _____ Signature _____

Authorized Card Holder's Name _____ Signature _____

The undersigned gives the City of Sacramento Development Services Department permission to accept a facsimile of any of the above signatures on a faxed permit application in lieu of an in-person signature at your office. I hereby certify that I will comply with all declaration and agreements on the faxed permit application.

Contractor's Name _____ Signature _____ Date _____

Office Use Only

Reviewed By _____ Date _____ Registration # _____