



29799 SW Town Center Loop E
Phone: 503-682-4960
Secure Fax: 503-682-1013

COMMUNITY DEVELOPMENT DEPARTMENT

CREDIT CARD AUTHORIZATION FORM

SITE ADDRESS: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____
3-Digit CVN on back of
card: _____

CONTACT PHONE: _____

EMAIL ADDRESS: _____

BANK CARD BILLING ADDRESS & ZIP CODE: _____

FAX NUMBER: _____

I hereby authorize the City of Wilsonville to pay for the above-referenced permit with the credit card number provided herein.

SIGNATURE: _____

DATE: _____

Send this document to our secure fax line at 503-682-1013. Do not send this document via email.

THIS DOCUMENT WILL BE DESTROYED WHEN THE PERMIT IS PROCESSED.