



CREDIT CARD AUTHORIZATION FORM

Credit Cards Accepted: Visa, MasterCard, Discover

I hereby authorize the San Luis Obispo County Sheriff's Office to charge the following credit card for payment of the following service:

Type of Service Requested:

Requestor Information:

Requestor Name: _____

Phone Number: (____) _____ Email: _____

Cardholder Information:

Name as it appears on Credit Card: _____

Credit Card #: _____ Exp Date: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Cardholder Signature: _____ Date: _____