

Credit Card Authorization Form for City of Piney Point Village, Texas



Date: _____

Name of Company: _____

Name on Credit Card: _____

Card Type: _____

Credit Card Number: _____

Credit Card Expiration Date: _____

Zip Code to Credit Card: _____

3 Digit Code on back of Credit Card: _____

Address of Credit Card: _____

E-Mail Required for Credit Card Receipt: _____ @ _____

Permit Number: _____

Address of City of Piney Point Project: _____

Amount Authorized to be placed on Credit Card: \$ _____ . _____

Contact name and phone number for any questions regarding this credit card transaction: _____

 Thank you, from the Director of Planning, Development & Permits

Annette Arriaga E-Mail Contact: bldgofficial@pinevpt.org